Use the Action Plan on the reverse side to outline needs/tasks and responsibilities towards obtaining occupational goal.

Employment Goal/ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am qualified for this job/occupation because I have the following: (mini profile) minimum of 3 in each column

|  |  |  |  |
| --- | --- | --- | --- |
| Education & Experience | Skills | Personality Adjectives | Personal Interests |
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List 2 forms of identification needed for I-9 form (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employment Preferences:
	1. Benefits: [ ]  Health [ ]  sick time [ ]  401k [ ]  Vacation [ ]  other
	2. Wage($amount):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Transportation: [ ]  RIPTA [ ]  RIDE [ ]  provide own [ ]  staff [ ]  other
	4. Work Schedule:\_\_\_\_\_\_hours per week; Days per week [ ]  Su [ ]  M [ ]  T [ ]  W [ ]  Th [ ]  F [ ]  Sa; shift [ ]  1st [ ]  2nd [ ]  3rd
	5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I would like the following Job Development Advocacy:
	1. I will do an independent job search: [ ]  yes [ ]  no If no, I will use [ ]  Supported Employment or [ ]  Customized employment
	2. Use Employer Incentives: [ ]  yes [ ]  no
		1. Work Opportunity Tax Credit \_\_\_\_\_\_\_\_\_
		2. On the Job Training funding hiring incentive [ ]  N/A from ORS [ ]  or From DLT [ ]
		3. Federal Bonding Program Other:
	3. I request the support of a job developer to work with my team: Job Developer Name:
		1. Resume assistance [ ]  Traditional or [ ]  Representational Portfolio
		2. Develop opportunities using [ ]  Discovery [ ]  Work Based Learning/ Situational Assessment experiences [ ]  Direct Hire
		3. Engage my network and Provide me with job leads [ ]
		4. Contact employers on my behalf [ ]  organize interview appointment [ ]
		5. Preparation on how to disclose my disability and accommodation needs [ ]
		6. Attend interviews with me [ ]  Obtain feedback from the interview [ ]
		7. Assistance negotiating a job offer [ ]
3. I agree to use the following resources:
	1. [ ]  America Job Center (AJC) [ ]  AJC general [ ]  AJC workshops: Resume Development [ ]  AJC Interviewing
	2. [ ]  Agency Job Club [ ]  Other Agency job search support: List:
	3. Job search planning meeting [ ]  Frequency \_\_\_\_\_\_
	4. Other:
4. I may need the following accommodations in the job search and hiring process (be specific): Job Accommodation Network [www.jan.wvu.edu](http://www.jan.wvu.edu)
	1. Application:
	2. Interview:
	3. On the Job-Accommodation:
	4. Other:
5. I may need the following job retention supports: Check all that apply
	1. Assistance arranging transportation \_\_\_\_\_\_\_ d. Development of mentor/natural support of co-worker \_\_\_\_\_\_\_
	2. On-site to assist with orientation and training: \_\_\_\_\_\_\_ e. Off-site support [ ]  Frequency \_\_\_\_\_\_\_\_\_\_
	3. Assistance with implementing job accommodations \_\_\_\_\_\_\_ f. Follow-up contact with my employer \_\_\_\_\_\_\_\_\_\_
6. Financial management:
	1. I would like to meet with a Work Incentives Benefits Counselor to review how earnings will affect SSI/SSDI and other benefits (food stamps, housing, heating assistance, cost of care, health insurance, etc. [ ]  YES [ ]  NO
	2. I will need assistance with managing my money (Bank account, cash assistance and earned income) [ ]  YES [ ]  NO
	3. I will contact SSA and other benefits to report earnings [ ]  on own [ ]  request assistance
7. Other:
8. I have signed a Release of Information Form addressing above needs [x]

Employment Goal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (occupation/job title or list task priorities)

Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Plan should be reviewed and updated every 30 days)** Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Person Responsible** | **Strategies and Tasks to support obtaining employmentlist anything from page 1 that needs to be completed or other known need** | **Due Date/ Completed date** |
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Job Candidates Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_