

EMPLOYMENT PLAN

PERSONAL INFORMATION

Name: _____ Date: _____
Last, First, M.I.

Social Security Number: _____ Referral Source: _____

Address: _____
Street, Road, P.O. Box City State Zip Code

Telephone Number: _____

Date of Birth: _____

Driver's License: Yes No Classification: _____

Message Telephone: _____ Contact Name: _____

EDUCATION AND TRAINING

Select Highest Completed Grade: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

High School Graduate: Yes No GED: Yes No

College Degree: Yes No Major: _____

Certificate of Attendance: Yes No

Name of School(s) Attended <i>Including vocational/technical</i>	Dates of Attendance <i>Month & Year</i>	Courses: Major/Minor <i>Subjects Studied</i>
	From To	
	From To	
	From To	

Favorite Subject	Least Favorite Subject	Subject Did Best In	Subject Did Worst In

MILITARY WORK HISTORY

Dates of Service: _____ Date entered: _____

Date separated: _____

Type of Discharge: _____ Job Title: _____

Duties/Responsibilities:

Did you enjoy your career in the military? Yes No

Please explain: _____

Favorite part of military work: _____

Least favorite part of military work: _____

What other MOS/job would you have enjoyed:

WORK HISTORY

Begin with your present or most RECENT employer (including military).

Employer Name:		Employer Address:	
Date of Employment: MM/ YY	Hours per week:	Wage/Salary:	Reason for Leaving:
From: To:			

Job Title: _____ Did you like this job? Yes No

Job Duties Performed:

Tools/Equipment Used: _____

Skills Used: _____

Employer Name:		Employer Address:	
Date of Employment: MM/YY	Hours per week:	Wage/Salary:	Reason for Leaving:
From: To:			

Job Title: _____ Did you like this job? Yes No

Job Duties Performed:

Tools/Equipment Used: _____

Skills Used: _____

Employer Name:

Employer Address:

Date of Employment:
MM/YY

Hours per week:

Wage/ Salary:

Reason for Leaving:

From: To:

Job Title: _____ Did you like this job? Yes No

Job Duties Performed:

Tools/Equipment Used: _____

Skills Used: _____

Summary of other work experience / volunteer opportunities / licenses / interests / hobbies:

EMPLOYMENT BARRIERS

Is there anything in your life preventing you from working/training?

Comments: _____

Are you involved with:

Vocational Rehabilitation
Training Program
Other Agency

Contact Person's Name: _____

Office Location: _____

GOALS SELECTED

Long term goal: _____ Estimated Completion Date: _____

Steps Needed:

Person Responsible:

Follow-Up Date:

Results:

Short term goal:

Estimated Completion Date: _____

Steps Needed:

Steps Needed:

Steps Needed:

Results: _____

CERTIFICATION

I certify that all the information given is true to the best of my knowledge and belief. I further certify that all the above data as well as my personal rights and privileges have been discussed with me, and that I have participated cooperatively in the development of this Employment Plan.

Client Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____