

Full Name: _____ Pronoun: _____

DSHS Client ID: _____ Preferred Name: _____

Phone: _____ ctclink ID: _____

E-mail Address _____

Employment Plan

I. ACADEMIC

Program of Study: _____ Prior degree(s): _____

Goal of Training: Training for new career Skills upgrade in current occupation
 ESL/ABE/GED/HS diploma

II. CAREER

What type of career do you plan to start after your training? _____

Why are you interested in this career? _____

III. EMPLOYMENT

Are you currently working? Yes No If yes, what is your position or title? _____

Please list any skills or experience gained through employment or volunteer work that is related to your desired career. _____

Are there any issues that would affect your ability to gain employment in your desired field? (E.g. family obligations, legal, physical etc...)? Yes No

If yes, please explain _____

I need information about:

- | | | |
|---|--|--|
| <input type="checkbox"/> Veteran Benefits/Support | <input type="checkbox"/> Layoff/Firind | <input type="checkbox"/> Small business development |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Disability Support |
| <input type="checkbox"/> Work Study | <input type="checkbox"/> Criminal History | <input type="checkbox"/> Tutoring <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Opportunity grant | <input type="checkbox"/> Income/support | <input type="checkbox"/> Housing <input type="checkbox"/> Formerly self-employed |

IV. AGREEMENT change

By signing below, I agree to inform the BFET Coordinator if I change my program of study while enrolled in the BFET program and understand that I will be required to complete a new employment plan and explain my decision. I also attest that I am pursuing training to gain employment, and I intend to work at the end of my training.

Student Signature: _____ Date: _____