

**WORKFORCE EDUCATION  
INDIVIDUAL EMPLOYMENT PLAN (IEP)  
BF/OG/WF/WR IEP**



Name: \_\_\_\_\_ ctcLink ID: \_\_\_\_\_  
(Last) (First)

**EMPLOYMENT INFORMATION**

Received Unemployment Insurance benefits any time in the past 4 years?

**CURRENT OR LAST EMPLOYER:** \_\_\_\_\_

Job Title \_\_\_\_\_

Wage Earned \$ \_\_\_\_\_ per \_\_\_\_\_ Average hours per week \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date (leave blank if employer is current): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_

Job Title \_\_\_\_\_

Wage Earned \$ \_\_\_\_\_ per \_\_\_\_\_ Average hours per week \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_

Job Title \_\_\_\_\_

Wage Earned \$ \_\_\_\_\_ per \_\_\_\_\_ Average hours per week \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMPLOYMENT GOALS**

For the following questions, please think of specific **job roles** or **job titles** that you would like to have.

What is your short-term employment goal? \_\_\_\_\_

\_\_\_\_\_

What is your long-term employment (career) goal? \_\_\_\_\_

\_\_\_\_\_

## Transferable Skills and Qualifications

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Customer service            | <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Work collaboratively |
| <input type="checkbox"/> Write clearly               | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Manage people        |
| <input type="checkbox"/> Communicate verbally        | <input type="checkbox"/> Listening       | <input type="checkbox"/> Run meetings         |
| <input type="checkbox"/> Speak multiple languages    | <input type="checkbox"/> Managing time   | <input type="checkbox"/> Direct projects      |
| <input type="checkbox"/> Manage money                | <input type="checkbox"/> Being punctual  | <input type="checkbox"/> Other:               |
| <input type="checkbox"/> Handle food                 | <input type="checkbox"/> Being organized | <input type="checkbox"/> Other:               |
| <input type="checkbox"/> Drive or operate vehicles   | <input type="checkbox"/> Tutoring        | <input type="checkbox"/> Other:               |
| <input type="checkbox"/> Operate tools and machinery | <input type="checkbox"/> Mentoring       | <input type="checkbox"/> Other:               |

### Computer skills: (Please check)

- No computer experience
- Beginner Level – Can use email, the internet and have some basic typing skills
- Intermediate – Have knowledge of Microsoft Office programs such as Word, Excel, PowerPoint and Outlook
- Advanced – Have used Microsoft Office or other software programs extensively for work or home projects
- IT Professional

**Additional Information:** What skills do you need to remain employed, or to obtain employment, in your preferred career?

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**Which, if any, of these items may be challenging for you?** Check all that apply to discuss with your advisor:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Time to study           | <input type="checkbox"/> Stable living situation            | <input type="checkbox"/> Supportive friends and family   |
| <input type="checkbox"/> Dedicated study space   | <input type="checkbox"/> Financial planning (budgeting)     | <input type="checkbox"/> Health                          |
| <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Reliable childcare and backup plan | <input type="checkbox"/> Computer and/or internet access |

**Referrals** (to be completed by your advisor):

**I certify that the above information is true and correct to the best of my knowledge.**

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Student Signature

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Date

**IEP Form MUST be updated every year and if your employment goal changes.**