WORKFORCE EDUCATION INDIVIDUAL EMPLOYMENT PLAN (IEP)



BF/OG/WF/WR IEP

Name:		ctcLink ID:		
(Last)	(First)			
EMPLOYMENT INFORMATION				
☐ Received Unemployme	nt Insurance benefits any time	in the past 4 years?		
CURRENT OR LAST EMPLOY	/ER:			
Job Title				
Wage Earned \$	per	Average hours per week		
Start Date: /	_ / End Date (leave b	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 Qualificatio	ns			
☐ Customer service	☐ Problem-solving	☐ Work collaboratively		
☐ Write clearly	☐ Public speaking	☐ Manage people		
☐ Communicate verbally	☐ Listening	☐ Run meetings		
☐ Speak multiple languages	☐ Managing time	☐ Direct projects		
☐ Manage money	☐ Being punctual	☐ Other:		
☐ Handle food	☐ Being organized	☐ Other:		
☐ Drive or operate vehicles	☐ Tutoring	☐ Other:		
☐ Operate tools and machinery	☐ Mentoring	☐ 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				
\square 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?				
Which, if any, of these items may be challenging for you? Check all that apply to discuss with your advisor:				
☐ Time to study	\square Stable living situation	\square Supportive friends and family		
☐ Dedicated study space	\square Financial planning (budgeting)	☐ Health		
☐ Reliable transportation	\square Reliable childcare and backup plan	\square 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.				
Student Signature		Date		
IEP Form <u>MUST</u> be updated every year	and if your employment goal changes.			

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