

# Individual Employment Plan

Veteran  Yes  No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Referral Information

WIB Region: One \_\_\_\_\_ Youth \_\_\_\_\_ 5% Youth \_\_\_\_\_

Program Eligibility: \_\_\_\_\_ Adult \_\_\_\_\_ Dislocated Worker \_\_\_\_\_

WIA Eligibility Date: \_\_\_\_\_

Service Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Occupational/Training Service/Program(s): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Funding Referral: \_\_\_\_\_ Youth Program \_\_\_\_\_ Adult Program \_\_\_\_\_ Dislocated Worker Program

Case Manager: \_\_\_\_\_ Local Office: \_\_\_\_\_ Phone: \_\_\_\_\_

## Certificate of Agreement

As a participant in this program, I understand that I am expected to put forth my best effort in participating in the objective assessment and referral process. I understand that this Individual Employment Plan is not a guarantee of financial support for basic or occupational skills training or job placement. I also have been advised that my training is limited to 1 (one) training opportunity whether I successfully, or unsuccessfully, complete the program and that only under extraordinary circumstances, with special approval, can I be eligible to reenter additional training. I authorize the release of this and any other information to other government agencies or service providers that may assist in providing services to me.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## Service Provider Comments

Accepted:  Yes  No Date Training Starts: \_\_\_\_\_ Date Training Ends: \_\_\_\_\_

Reason for not accepting: \_\_\_\_\_

Agency/Location: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to:  
WORKFORCE West Virginia Career Ctr*

## Educational and Assessment Information

Circle Highest Grade in School Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

Vocational Training: \_\_\_\_\_

College Information/Degree: \_\_\_\_\_

## Testing/Assessment

Test Administered: \_\_\_\_\_ Date: \_\_\_\_\_

AM Score: \_\_\_\_\_ LI Score: \_\_\_\_\_ RI Score: \_\_\_\_\_ Other: \_\_\_\_\_

## Need/Work Barrier Analysis

Are you in need of any basic work or living needs such as housing, family support, legal assistance, health care needs, job seeking or keeping skills? If so, please list below:

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Any other special needs or concerns:

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## Individual Employment Plan

Summarize career goal information and the rationale for the goal selection

Career Goal: \_\_\_\_\_

Short Term Goal: \_\_\_\_\_

Long Term Goal: \_\_\_\_\_

Comments: \_\_\_\_\_

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