

# INDIVIDUAL 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

Circle 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 &amp; 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

Branch 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 From:            To:	Hours per week	Wage/Salary	Reason for Leaving
Job Title: _____		Did you like this job? ( ) Yes ( ) No	
Job Duties Performed: _____ _____ _____			
Tools/Equipment Used: _____			
Skills Used: _____			
Employer Name:		Employer Address:	
Date of Employment From:            To:	Hours per week	Date of Employment From:            To:	Hours per week
Job Title: _____		Did you like this job? ( ) Yes ( ) No	
Job Duties Performed: _____ _____ _____			
Tools/Equipment Used: _____			
Skills Used: _____			
Employer Name:		Employer Address:	
Date of Employment From:            To:	Hours per week	Date of Employment From:            To:	Hours per week
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: _____ _____ _____			

## BARRIERS TO EMPLOYMENT

Identified barriers to employment: \_\_\_\_\_  
 \_\_\_\_\_

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

Steps Identified to Overcome Barriers to Employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Resources Identified to Overcome Barriers to Employment: \_\_\_\_\_  
 \_\_\_\_\_

Are you involved with:  
 a) Vocational rehabilitation                      ( ) Contact Person’s Name: \_\_\_\_\_  
 b) Training program  
 Any other agency                                      ( ) 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 Individualized Development Plan.*

\_\_\_\_\_  
 Client Signature                                      Date

\_\_\_\_\_  
 Case Manager Signature                                      Date