

**Rapid Reemployment Services  
Employment Plan**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Seeker ID: \_\_\_\_\_

**Employment Goal**

**Employment Barriers**

Do you have any barriers that prohibit you from returning to work?  Yes  No

*If so, please indicate below ( please check all that apply)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult Care Responsibilities   | <input type="checkbox"/> Little or No Work History          | <input type="checkbox"/> Mental Illness                   |
| <input type="checkbox"/> Criminal History              | <input type="checkbox"/> Pregnant or Parenting Youth        | <input type="checkbox"/> No Occupational Cert. or License |
| <input type="checkbox"/> Displaced Homemaker           | <input type="checkbox"/> Single Parent of Head of Household | <input type="checkbox"/> No Job Skills of Training        |
| <input type="checkbox"/> Learning Disability           | <input type="checkbox"/> Victim of Abuse                    | <input type="checkbox"/> No Work Appropriate Clothing     |
| <input type="checkbox"/> Low Self-confidence           | <input type="checkbox"/> Chronic Health Problems            | <input type="checkbox"/> Public Assistance Recipient      |
| <input type="checkbox"/> Medical or Dental Care Needs  | <input type="checkbox"/> Deficient in Basic Literacy        | <input type="checkbox"/> Substance Abuse                  |
| <input type="checkbox"/> No Child Care                 | <input type="checkbox"/> Inadequate Housing or Homeless     | <input type="checkbox"/> Vision of Hearing Impaired       |
| <input type="checkbox"/> No High School Diploma or GED | <input type="checkbox"/> Language Barrier                   | <input type="checkbox"/> Victim of Natural Disaster       |
| <input type="checkbox"/> No Transportation             | <input type="checkbox"/> Long Term Unemployed               | <input type="checkbox"/> Other _____                      |

**Action Plan**

Task / Activity	Start Date	Target Date	Assigned To
Provide information of Workforce Center Services to Job Seeker			Workforce Staff
Explain Requirements while receiving UI benefits			Job Seeker
Attend Job Readiness Workshops			Job Seeker
Continue Weekly Job Search			Job Seeker
Report Employment			Job Seeker

Job Seeker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Workforce Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_