	CDC AC	TION PLAN
Name:	DOB:	Email Address:
Work Services Specialist (WSS):		Job Developer:
		**************************************
Week 1: Progress to Success! Initial Recap:  * Submit copy of FSSP to CC * Complete and submit cop Reoccurrence Intake Packet to CDC staf * Update Alaska Jobs Regist * Update AKCIS Interest Pro Assessment * Update GCFlearnfree.org * Submit "draft" resume * Revise Resume with CDC acurrent activity * Initial Mock Interview Appointment (2 days from	ff tration ofile & account	Week 2: Continuous Progression Continue to Grow:



Agreement

### **PARTICIPATION AGREEMENT**

The purpose of this program is to give you information on getting a job and advancing on it. Acting the part of the professional is essential to increase your value as an applicant for employment. The staff will assist you in any way possible to achieve your goals.

In return, we ask that you read, initial, and practice the following:
I will participate in the Career Development Center (CDC) Program as scheduled on my Family Self Sufficient Plan (FSSP). I <b>will reschedule</b> other personal business, which conflicts with daily work search.
If I am not be able to attend as scheduled I will call my Nine Star Work Services Specialist (WSS) and CDC out of consideration for other members.
I will <b>dress in a manner appropriate</b> for the position I am seeking. I understand this means no sweats, hoodies, blue jeans, tee shirts, open toed or tennis shoes.
I understand <u>success in this program</u> requires my full participation. I will be an active participant in the required activities. It begins with reporting at 9:00 AM daily.
I understand that I must complete a full time day of work search and job readiness activities each day, a full time day being 8 hours a day, 40 hours/week.
I understand that in order to receive temporary assistance benefits, State and Federal mandates requires my participation in work and/or approved related activities as I agreed to in my Family Self Sufficiency Plan.
We in the CDC ask you to come with an open mind, positive attitude, and to use your time productively to learn the employability skills. Success is in your hands! We want to help you help yourself. Thank you for joining us. We look forward to serving you! —the CDC team!
PRINTED Name of Job Seeker Job Seeker's Seeker Date
JAMES HARRIS, JR James Harris, Jr 05/10/2022
DAMES HARRIS, JR  PRINTED Name of Supervisor  Supervisor's SIGNATURE  Date
OFFICE STAFF ONLY
Original: Job Seeker Copy: CDC File Received By: Date: CLINO:

#### **JOB SEEKER DRESS CODE**

The purpose of having a CDC Job Seeker Dress Code is to ensure that when you leave the CDC for the day, you are prepared to meet prospective employers and participate in an interview. We want our Job Seekers to be successful in their work search and employment goals; we want you to project a professional image. Please see appropriate Mentor or your Work Services Specialist (WSS) if you need Supportive Services.

Supportive Services.	,		
Signing below indicates that you agree	and will abide by CDC's policy.		
PRINTED Name of Job Seeker	Job Seeker's SIGNATURE	 Date	
JAMES HARRIS, JR	James Harris, J	05/10/2022	
PRINTED Name of Supervisor	&upervisor's SIGNATURE	Date	
	OFFICE STAFF ONLY		
Original: Job Seeker Copy: CDC File CMS	Received By:	Date: CLINO:	

### **CAREER PROFILE ASSESSMENT**

What are you doing right now?	<ul> <li>WORKING</li> <li>GOING TO SCHOOL</li> <li>RETURNING TO CDC</li> <li>FROM A MEDICAL BREAK</li> </ul>
What are your available to Job Search?	
What type of work are you seeking?	
Have you been interviewed this past week?	YES NO D
Employers Contacted (Please List)	How did you contact them?  1  2  3.
Feedback you received from contacting and interviewing with employers both positive and negative:	
What was your past employment?	
What did you like most about previous jobs?	
What did you like least about previous jobs?	
Reason for leaving your last job	
Do you have any volunteer experience?	
Education/Degrees Certifications/licenses	
What is your dream job?	
What are your short-term goals for self-sufficiency?	
What are your long-term goals for self-sufficiency?	
Do you have a support system? (circle)	FAMILY FRIENDS
Workkeys	YES NO
Have you received any Supportive Services from your WSS prior to today? (Gas, Interview Clothing, etc)	YES NO If No: What do you need?
Are you interested in the following training opportunities: (check all that applies)  □ CPR / First Aid □ Janitorial / Housekeeping □ Computer Sk	ills □ Safety

## BARRIERS (current challenges)WORKSHEET

A physical condition or personal situation can make it hard to find or keep a job.

Many job seekers experience one or more barriers to employment during their careers. Although this makes finding or keeping a job more difficult, it is not impossible.

Common Barriers to Employment

Some barriers, such as lack of transportation, are challenging, temporary and addressable.

• Age	
Criminal record	
• Disabilities	
Disadvantaged background	
Domestic violence	
Drug and/or alcohol abuse	
• Education	
Employer biases (prejudice, favoritism)	
Has a child with special needs yesno	
Housing issues or are you homelessness	
Job search skills (do you lack them?) Please list	
Lacks basic and employability skills	
Limited English proficiencyyesno	
Long-term temporary assistance recipientyesno	
Mental illnessyesno	
<ul> <li>Need trainingyesno, if yes – what area?</li> </ul>	
Need child care assistanceyesno,	
If yes – who is watching your kids today?	
If no and your kids are under the age of 5, have you notified your	
WSS? What was the outcome of the discussion?	
Do you have a High school diploma?yesno	
Do you have Reliable Transportationyesno, if no,what are you using?	
Gaps in employmentyesno, briefly explain	
ditional Comments:	
artional comments.	

# **GENERIC APPLICATION**

	EMPLOYE	E INFORMATION	5.7 Jan 1883	
Name:				
Last	<u>First</u>	Middle	ha kalambana.	
Telephone:	Email:	Alterna	te telephone:	
Address:				
☐ 18 ☐ 19 ☐ 21  I am legally eligible for employ ☐ Yes ☐ No I am seeking a permanent pos I will be able to report to w	work  We commodations?  We provided that:  We provi	ork the following shifts: (check a	Yes ense? Yes Issuing state:  Is Material Tank with Is Double/Tri all that apply)  Swing Swing	No No Passengers Hazardous Materials iple trailers Rotating
days after being notif	ried I am hired.	Split Graveyard Ot	ner:	
	EMPLOYI	MENT HISTORY		
List most recent employment first extra sheet of paper. No more that	. Include summer or temporary	jobs. List all experience or employed. If possible, limit application to 2	rs related to this jo pages, as it will ex	ob here or on an pand with typing.
Employer name and address:	Position title/duties, skills:		Start date:	End date:
Pay: \$			Reason for	leaving:
<u>Per:</u>	Supervisor:	Telephone:		
Employer name and address:	Position title/duties, skills:		Start date:	End date:
Pay: \$			Reason for	leaving:
Per:	Supervisor:	Telephone:		
Employer name and address:	Position title/duties, skills:		Start date:	End date:
Pay: _\$			Reason for I	eaving:
Per:	Supervisor:	Telephone:		
Employer name and address:	Position title/duties, skills:		Start date:	End date:
			Reason for I	eaving:
Pay: \$ Per:	Suponicor	Tolonhonou	_	
<u> </u>	Supervisor:	Telephone:		

Summarize other employment related to this job:
Revised by Sharon PI 6.1.2018

		EDU	CATION			
	Institution name	Years completed	Field of	study	Graduate or degree	
High school	-					
College/university Business/technical						
Additional						
		MII	LITARY			
Are you a veteran? Duty/specialized trainin	Yes	□ No				
		SKILLS & QI	JALIFICATIONS 1			
Other qualifications suc	th as special skills, abiliti	es or honors t	hat should be cons	sidered:		
Types of computers, so	ftware, and other equip	ment you are	qualified to operat	e or repair:		
Professional licenses, co	ertifications or registration	ons:				
		er languages	or information reg	arding the career	occupation you wish to bring	
to the employer's atten	tion:					
Typing speed:	per minute					
		REFE	RENCES			
List two personal refere	ences who are not relativ	es or former	supervisors.			
Name	Address		<u>Felephone</u>	Occupation	Years known	
Name	Address		Telephone	Occupation	Years known	
		CO	NTACT			
In case of accident or il	lness, please contact: N	lame:		Daytime	phone:	
Address:		×		Rela	tionship:	
	INFO	DRMATION '	TO THE APPLIC	ANT		
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.  If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.						
Signature of Applicant				(Type date here	e, then Tab for spellcheck)	
grieser o or rippinedite						

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.

# 1x BUDGET FORM

Monthly	/ Incom	Income Other Resources Househo			hold Tota	old Totals		
ATAP			Food Stamps			Income	\$	-
APA/SSI			Energy Assist.			Expenses	\$	-
Earned Income	100 day 15		PFD			Difference	\$	-
Other			Child Support					
Other			Other					
total	\$	-	total	\$	-			
total	\$	-		\$	÷			
Hrly Wage To Replace ATAP					Hrly Wage To	Replace	Welfa	

Expenses

Home		Entertainment		Family Expenses	
Rent/mortgage		Movies		Clothing	
Fuel oil		Clubs		Food	
Bectricity		Meals Out		Hygiene	
Telephone		Evening out		Personal Items	
Cable		Transportation		Hobbies	
Water/Sew er		Car payment		Lunch at work	
Furniture		Gas		Internet	
Pets		Insurance		Cigarettes	
Cleaning Supplies		Repairs		⊟ectronics	
Laundry/Cleaning		Maintenance			
New spaper/mags		Bus Pass		Seasonal	
Other		Taxi		Holiday	
Other		Parking		Winter clothing	
Consumer Loans		Other		Vacation	
Store credit card		Children		Sports fees/gear	
		Childcare		Other	
		Diapers			
Bank credit card		Toys			
		School activities			
		School supplies			
Student loan		Lunch Money		Subtotal:	\$ -
Alaska/Stafford		Birthdays			
Debts to others		Child Support			
Subtotal:	\$ -	Subtotal:	\$ -	Grand Total:	\$ -

# **INITIAL MOCK INTERVIEW**

Appointment Date:	Time:	Site:	
Study packet: CDC Work Search Guide pa		**********	***
Generic Questions:			
1) Give 3 professional characteristic about	t yourself.		
2) What are 3 of your weaknesses?			
3) Why did you leave your last employer?			
4) What motivates you to do your best in	a difficult work setting?	)	
5) How do you define success?			
6) What do you know about your prospec	tive employers?		
7) Tell of a time you worked under a great	deal of pressure. How	did you handle it?	
8) Do you have any questions and/or com	ments?		

Revised by James H 05/10/2022