

Career Development Center – Reoccurrence Intake Packet

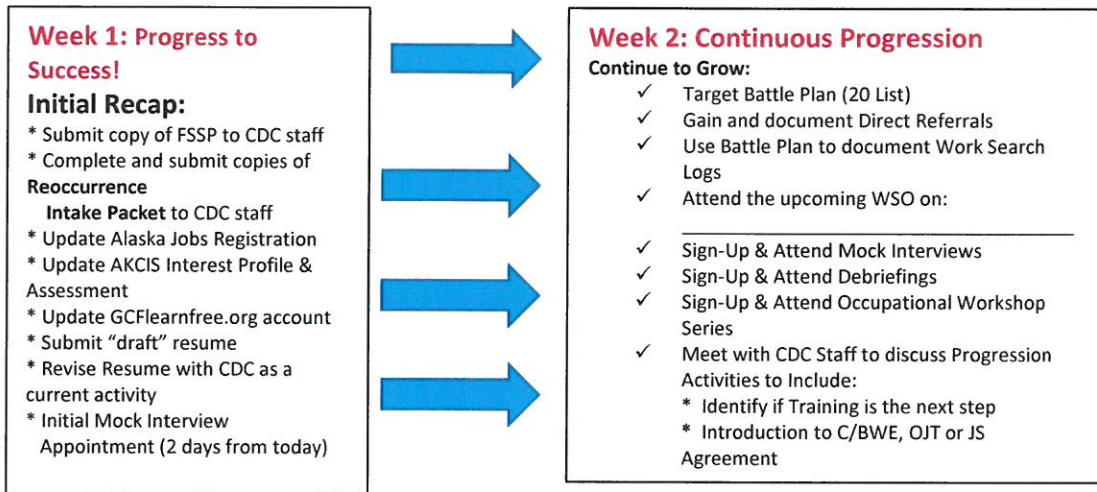
## CDC ACTION PLAN

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Services Specialist (WSS): \_\_\_\_\_ Job Developer: \_\_\_\_\_

\*\*\*\*\*

**\*\*You must have your CDC Work Search Guide with you at all times\*\***  
Don't forget to review the Workshop Calendar the night before to stay on task



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### 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 **will reschedule** 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 **dress in a manner appropriate** for the position I am seeking. I understand this means no sweats, hoodies, blue jeans, tee shirts, open toed or tennis shoes.

\_\_\_\_\_ I understand success in this program 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

JAMES HARRIS, JR

\_\_\_\_\_  
PRINTED Name of Supervisor

\_\_\_\_\_  
Job Seeker's Seeker

*James Harris, Jr*  
\_\_\_\_\_  
Supervisor's SIGNATURE

\_\_\_\_\_  
Date

05/10/2022

\_\_\_\_\_  
Date

#### OFFICE STAFF ONLY

Original: Job Seeker Copy: CDC File  
CMS

Received By: \_\_\_\_\_

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

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### 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.

Signing below indicates that you agree and will abide by CDC's policy.

\_\_\_\_\_  
PRINTED Name of Job Seeker

JAMES HARRIS, JR

\_\_\_\_\_  
PRINTED Name of Supervisor

\_\_\_\_\_  
Job Seeker's SIGNATURE

*James Harris, Jr*  
\_\_\_\_\_  
Supervisor's SIGNATURE

\_\_\_\_\_  
Date

05/10/2022

\_\_\_\_\_  
Date

OFFICE STAFF ONLY			
Original: Job Seeker Copy: CDC File CMS	Received By: _____	Date: _____	CLINO: _____

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**CAREER PROFILE ASSESSMENT**

What are you doing right now?	<input type="radio"/> WORKING <input type="radio"/> GOING TO SCHOOL <input type="radio"/> RETURNING TO CDC <input type="radio"/> FROM A MEDICAL BREAK
What are you available to Job Search?	
What type of work are you seeking?	
Have you been interviewed this past week?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <input type="checkbox"/> CPR / First Aid <input type="checkbox"/> Janitorial / Housekeeping <input type="checkbox"/> Computer Skills <input type="checkbox"/> Safety	



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# 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.

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

### Common Barriers to Employment

- Age \_\_\_\_\_
- Criminal record \_\_\_\_\_
- Disabilities \_\_\_\_\_
- Disadvantaged background \_\_\_\_\_
- Domestic violence \_\_\_\_\_
- Drug and/or alcohol abuse \_\_\_\_\_
- Education \_\_\_\_\_
- Employer biases (prejudice, favoritism) \_\_\_\_\_
- Has a child with special needs \_\_\_\_ yes \_\_\_\_ no
- Housing issues or are you homeless \_\_\_\_\_
- Job search skills (do you lack them?) Please list \_\_\_\_\_
- Lacks basic and employability skills \_\_\_\_\_
- Limited English proficiency \_\_\_\_ yes \_\_\_\_ no
- Long-term temporary assistance recipient \_\_\_\_ yes \_\_\_\_ no
- Mental illness \_\_\_\_ yes \_\_\_\_ no
- Need training \_\_\_\_ yes \_\_\_\_ no, if yes – what area? \_\_\_\_\_
- Need child care assistance \_\_\_\_ yes \_\_\_\_ no,
  - ♣ 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? \_\_\_\_ yes \_\_\_\_ no
- Do you have Reliable Transportation \_\_\_\_ yes \_\_\_\_ no, if no, what are you using? \_\_\_\_\_
- Gaps in employment \_\_\_\_ yes \_\_\_\_ no, briefly explain \_\_\_\_\_

Additional Comments:

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# GENERIC APPLICATION

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
                     Last                                      First                                      Middle  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

☐ Yes ☐ No

If necessary for the job are you older than:

☐ 14 ☐ 15 ☐ 16 (Check one)

☐ 18 ☐ 19 ☐ 21

I am legally eligible for employment in the U.S.?

☐ Yes ☐ No

I am seeking a permanent position: ☐ Yes ☐ No

**If necessary for the job, I am able to:**

Work overtime? ☐ Yes ☐ No

Provide a valid Alaska Driver's License? ☐ Yes ☐ No

If so, fill out the following: Issuing state: \_\_\_\_\_

Type: \_\_\_\_\_

Endorsement(s): ☐ Hazardous Material ☐ Passengers

☐ Tankers ☐ Tank with Hazardous Materials

☐ School Bus ☐ Double/Triple trailers

Work the following shifts: (check all that apply)

☐ Any ☐ Day ☐ Night ☐ Swing ☐ Rotating

☐ Split ☐ Graveyard Other: \_\_\_\_\_

**I will be able to report to work**  
**\_\_\_\_\_ days after being notified I am hired.**

### EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. List all experience or employers related to this job here or on an extra sheet of paper. No more than 10 years history recommended. If possible, limit application to 2 pages, as it will expand with typing.

Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties, skills: _____ _____ _____ Supervisor: _____ Telephone: _____	Start date: _____ End date: _____	Reason for leaving: _____ _____
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Summarize other employment related to this job:



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## 1x BUDGET FORM

Monthly Income		Other Resources		Household Totals	
ATAP		Food Stamps		Income	\$ -
APA/SSI		Energy Assist.		Expenses	\$ -
Earned Income		PFD		Difference	\$ -
Other		Child Support			
Other		Other			
total	\$ -	total	\$ -		

<b>Hrly Wage To Replace ATAP</b>
\$ -

<b>Hrly Wage To Replace Welfare</b>
\$ -

### Expenses

Home		Entertainment		Family Expenses	
Rent/mortgage		Movies		Clothing	
Fuel oil		Clubs		Food	
Electricity		Meals Out		Hygiene	
Telephone		Evening out		Personal Items	
Cable		Transportation		Hobbies	
Water/Sewer		Car payment		Lunch at work	
Furniture		Gas		Internet	
Pets		Insurance		Cigarettes	
Cleaning Supplies		Repairs		Electronics	
Laundry/Cleaning		Maintenance			
Newspaper/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		<b>Subtotal:</b>	\$ -
Alaska/Stafford		Birthdays			
Debts to others		Child Support			
<b>Subtotal:</b>	\$ -	<b>Subtotal:</b>	\$ -	<b>Grand Total:</b>	\$ -



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# INITIAL MOCK INTERVIEW

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site: \_\_\_\_\_

**Study packet:** CDC Work Search Guide pages: 22 – 27.

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### Generic Questions:

- 1) Give 3 professional characteristic about 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 prospective 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 comments?