

Career Development Center – Reoccurrence Intake Packet

Welcome! We, The CDC Program ask that you come with an open mind, positive attitude, and to use your time productively to learn the skills being taught. *–the CDC Team*

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

Week 1: Progress to Success!

Initial Recap:

- Submit copy of FSSP to CDC staff
- Complete and submit copies of Reoccurrence **Intake Packet** to CDC staff
- Update ALEXsys Registration
- Update AKCIS Interest Profiler Assessment
- Update GCFLearnFree.org account
- Submit Draft Resume
- Revise Resume with CDC as a current activity
- Initial Mock Interview Appointment (2 days from today)



Week 2: Continuous Progression

Continue to Grow:

- Build Target Battle Plan (20 List)
- Gain and document Direct Referrals
- Use Battle Plan to document Work Search Logs
- Attend the upcoming WSO on: _____
- Sign-Up & Attend Mock Interviews
- Sign-Up & Attend Debriefings
- Sign-Up & Attend Occupational Workshop Series
- Meet with CDC Staff to discuss Progression Activities Include:
 - Identify if Training is the next step
 - Introduction to C/BWE Agreement or an OJT 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 attempt to show up at the Career Development Center (CDC) either Barrow or Mt View as scheduled on my Family Self Sufficient Plan (FSSP) and **will reschedule** other personal business which would conflict with daily work search.

_____ If I will 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 one step above the one I am seeking. I understand **this means no** *sweats, hoodies, blue jeans, tee shirts, open toed or tennis shoes.*

_____ I understand my **success in this program** is directly impacted by my participation. I will be an active participant in the required activities, including the daily workshop at 9:30am or 1:00pm.

_____ I understand that I must complete a full time day of work search and job readiness activities each day, a full time day being at least 8 hours a day, 40 hours/week.

_____ I understand that in order to receive temporary assistance benefits, **I am required** by State and Federal mandates to participate in work and/or approved related activities as **I agreed** to in my Family Self Sufficiency Plan.

Again, we in the CDC ask you to come with an open mind, positive attitude, and to use your time productively to learn the skills being taught. Your success in this program is directly impacted by your participation. The more you actively participate in the required activities the more we'll be able to help you. Thank you for joining us. We look forward to serving you! –*the CDC team*

PRINTED Name of Participant

Participant's SIGNATURE

Date

SHARON PULOU-ISAAGO

PRINTED Name of CDC Staff



CDC Staff SIGNATURE

Date

OFFICE STAFF ONLY			
Original: Client	Copy: CDC File	Recv'd By: _____	Date: _____ CLINO: CMS

CLIENT DRESS CODE

The purpose of having a CDC Client Dress Code is to ensure that when Clients leave the CDC for the day, they are prepared to meet prospective employers – to even take an interview. We want our Clients to be successful in their work search and towards this goal; we want our Clients to project a professional image. Please see appropriate Site Coordinator 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 Participant

Participant's SIGNATURE

Date

SHARON PULOU-ISAAGO

PRINTED Name of CDC Staff



CDC Staff SIGNATURE

Date

OFFICE STAFF ONLY

Original: Client Copy: CDC File Recv'd By: _____ Date: _____ CLINO: CMS

CAREER PROFILE ASSESSMENT

What are you doing right now?	<input type="radio"/> WORKING <input type="radio"/> GOING TO SCHOOL <input type="radio"/> RETURNING BACK TO CDC FROM A MEDICAL BREAK
What are you hours availability to Job Search?	
What kind of job are you looking for?	
Have you had any interviews this past week?	YES NO
How did you contact them?	
Employers contacted (please list)	1.
	2.
	3.
Feedback you receive from contacting and interviewing with employers both positive and negative:	
What is your past employment?	
What did you like most about these past jobs?	
What did you like least about these past jobs?	
Reason for leaving your most recent 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
Work keys	YES NO
Have you received any Supportive Services from you 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	

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's not impossible.

Some barriers, such as lack of transportation, are temporary and easier to address than others.

Common Barriers to Employment

- *Age* _____
- *Criminal record* _____
- *Disabilities* _____
- *Disadvantaged background* _____
- *Domestic violence* _____
- *Drug and/or alcohol abuse* _____
- *Education* _____
- *Employer biases* _____
- *Has a child with special needs* _____ *yes* _____ *no* _____
- *Housing issues or homelessness* _____
- *Job search skills* _____
- *Lacks basic and employability skills* _____
- *Limited English proficiency* _____ *yes* _____ *no* _____
- *Long-term welfare recipient* _____ *yes* _____ *no* _____
- *Mental illness* _____ *yes* _____ *no, if yes – what area?* _____
- *Needs training* _____ *yes* _____ *no, if yes – what area?* _____
- *Needs child care assistance* _____ *yes* _____ *no,*
 - *If yes – who is watching your kids today?* _____
 - *If no – have you notified your WSS? What was the outcome of the discussion?* _____
- *High school diploma* _____ *yes* _____ *no* _____
- *Transportation* _____ *yes* _____ *no, if no – what are you using?* _____
- *Gaps in employment* _____ *yes* _____ *no* _____

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, I am able to:

Work overtime? Yes No

Provide a valid Alaska Driver's License? Yes No

If necessary for the job are you older than:

14 15 16 (Check one)

18 19 21

If so, fill out the following: Issuing state: _____

Type: _____

Endorsement(s): Hazardous Material Passengers

Tankers Tank with Hazardous Materials

School Bus Double/Triple trailers

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

Yes No

I am seeking a permanent position: Yes No

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: _____ _____ _____	Position title/duties, skills: _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	
Employer name and address: _____ _____ _____	Position title/duties, skills: _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	
Employer name and address: _____ _____ _____	Position title/duties, skills: _____	Start date: _____	End date: _____
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Employer name and address: _____ _____ _____	Position title/duties, skills: _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	

Summarize other employment related to this job:

EDUCATION

	<u>Institution name</u>	<u>Years completed</u>	<u>Field of study</u>	<u>Graduate or degree</u>
High school	_____	_____	_____	_____
College/university	_____	_____	_____	_____
Business/technical	_____	_____	_____	_____
Additional	_____	_____	_____	_____

MILITARY

Are you a veteran? Yes No
Duty/specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: _____ per minute

REFERENCES

List two personal references who are not relatives or former supervisors.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years known</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____
Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

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.

(Type date here, then Tab for spellcheck)

Signature of Applicant _____

Date _____

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 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	\$ -		
Hrly Wage To Replace ATAP				Hrly Wage To Replace Welfare	
\$ -				\$ -	
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		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 pages 22 – 27!

- 1) Give me 3 professional characteristics about yourself.

- 2) What are 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 the employers you are applying to?

- 7) Describe a situation where you were under a great deal of pressure.

- 8) Do you have any questions for me?