





## Career Seekers Enrollment Procedures

When recruiting and enrolling members, you must follow these procedures for the program year 2006-7:

1. Testing:
  - TABE-Survey Level 9-10 must be used for all pre-tests and scored before applications are completed.
  - Students must score at or above a 7.0 grade level equivalent in reading to be eligible to apply for Career Seekers.
  - All applicants should be tested in a quiet area, following directions for allotted times given on the booklets
  - TABE test must be within 60 days prior to application.
  - All applicants who score at or below 8.9 in either Reading or Math must be re-tested in 30 days (this will not delay participation)
2. No member is to be enrolled nor are they eligible for Career Seekers without final approval from WSD. If the student is re-applying, WSD will determine if it is appropriate to re-enroll.
3. All Career Seeker application forms must be completed by a case manager in an interview with the applicant. The interviewing case manager will enter all application information into the IWDS system. The Application Document should then be printed and signed by the youth (and parent as necessary).
4. All other forms should be printed clearly and neatly.
5. The first two pages of the ISS are to be completed at intake. The remaining sections of the ISS will be completed within 30 days of enrollment.
6. If paper work and documentation are not turned in and completed within 30 days of the application date, you must submit a **new application and new Request to Enroll**. All paper work must be dated within 30 days of requested enrollment.
7. Incomplete applications will not be accepted for any reason.
8. Turn in all original paperwork to our office. You keep copies of all documents.
9. Complete the "Verification Checklist for At Risk Youth" form for all students still attending school and include proof of current H.S. enrollment.
10. Complete the "Dropouts/GED Applicant Last School Attended" form for all out-of-school (drop out) youth.
11. Use "Applicant Statement" form for those applicants who are not supported by or claimed on anyone's 2005 taxes.
12. Give "WIA Complaint Form" to all applicants and keep a signed copy.
13. At least one person from each provider needs to have a standing weekly appointment with Marieta to bring in files, documentation, and to discuss program issues as they arise.
14. Monthly case notes for all members must be entered in IWDS prior to the 20<sup>th</sup> of the following month. Case notes on members in follow-up should be entered quarterly.



## Consent to Release of Information

I consent to the release of information to the

Career Seeker program and the Workforce Services Division of Will County concerning my status in the Workforce Investment Act Program. This form may be used to request employment information, grades, school status, or any other information pertinent to my participation in the Career Seeker program.

I consent that Workforce Services Division of Will County may share my information with other social service agencies when that information is required to provide services to me.

Workforce Services Division of Will County may use my name and/or photo to promote programs and I will receive no compensation.

---

Print Name

---

Career Seeker Signature

---

Parent Signature (if under age 18)

---

Date



## Consent To Release Form

I, \_\_\_\_\_ give my consent for the  
Career Seekers Program, The Workforce Services Board of Will County  
and the Workforce Services Division of Will County to use my name or photo to promote programs.  
The use of my name or photo may be used via all outside media or in-house video and publications.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature if Under Age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency



# Career Seekers

## Dropouts/GED Applicant Last School Attended

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Name of last school attended \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last grade **completed** \_\_\_\_\_

The reason I did not complete High School is listed below. Please Check (✓) all that apply.

\_\_\_\_ Moving

\_\_\_\_ Poor Attendance

\_\_\_\_ Moving & Transferring

\_\_\_\_ Discipline

\_\_\_\_ Marriage

\_\_\_\_ Illness

\_\_\_\_ Employment

\_\_\_\_ Parent Request

\_\_\_\_ Military

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under age18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO



## Work History Form

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Beginning with your current or most recent position, list and describe all jobs which you have had. Attach additional sheets as necessary.**

Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Wage \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Wage \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

\_\_\_\_\_ Start Date

\_\_\_\_\_ Ending Date \_\_\_\_\_ Wage \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**I certify that the above information is complete and accurate.**

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor

\_\_\_\_\_  
Date

Career Seeker Provider      ESN      JJC      L&S      WILCO



## Membership Agreement

I wish to participate as a member of Career Seekers. I am looking for employment and I understand that in the Career Seeker program I will expect to be employed in the next 60 days. I have received an orientation and agree to these conditions of membership.

**Please initial the box at each item to show that you understand that item and agree to its terms.**

- I will work with my Career Seekers advisor to develop my individual membership plan, will attend leadership classes at least twice per month and I will participate in sessions and activities as scheduled.
- I will keep appointments made for individual guidance and counseling, mentoring, and other activities as required.
- I agree to abide by the Career Seeker dress code during participation in work experiences and other activities as required.
- I understand that placement into work or other activities will be based on a thorough assessment of my current skills, abilities, interests, aptitudes and personal circumstances as discussed with my Career Seekers advisor and I agree to participate in activities assigned to me during my membership and give them my best effort (even if I don't like some of them).
- I understand that my membership can be terminated immediately at any time for appropriate cause.  
The following are examples of cause for termination.
  - Being late, poor attendance, missing appointments, not meeting the dress code
  - Poor work performance or not applying myself or participating fully in activities
  - Theft, lying, deceit
  - Refusal to cooperate with staff, worksite supervisors or other authorized persons
  - Smoking on site, drugs, weapons

My membership can be terminated for other appropriate cause as determined by staff.
- I understand that Career Seekers will be highly publicized and that newspapers, magazines, television and other media might take pictures for promotional use and that I will receive no compensation for their use. I hereby give my permission for the use of any pictures taken.
- I agree to treat others (members, staff, supervisors and anyone else I come into contact with during participation) with respect and to resolve any personal situations in a mature manner.
- Throughout my participation I will strive to learn and grow, making the most of my time as a member of Career Seekers.
- I agree to keep in contact with the Career Seeker's advisors for one year after leaving the program to determine the long term results of my participation and to determine if the Career Seekers program can further assist me in achieving my long term goals.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO



**Workforce Services Division of Will County  
Workforce Investment Act  
Complaint Procedures**

**Who Can File**

All persons who are program applicants, participants, or staff under the Workforce Investment Act (WIA), all contractors and grantees, and sub recipients thereof, WIA funds, and all interested persons shall be afforded the opportunity to resolve, by means of administrative process, any alleged violation of the Act, federal regulations promulgated pursuant thereto, any grant, contract or other agreement entered into pursuant to the Act.

**The Limits**

The time limits for complaints are measured in calendar weeks (seven consecutive days). A time limit begins upon receipt of a written complaint whether or not the complaint received has insufficient information. Time limits have been established to ensure both expeditious resolution of complaints, and provide necessary time for adequate review of all appropriate material. Should an aggrieved person(s) or entity neglect to adhere to the time requirements set throughout this procedure, the aggrieved party(ies) are considered to have abandoned his/her complaint and the matter shall be considered resolved. In turn, failure by management to render a decision within an allotted time at any step constitutes denial and the complaint may proceed to the next step.

**Policy/Confidentiality**

It is the policy of DCEO and the U.S. Department of Labor that no one be punished for filing a complaint under WIA. It is also the policy not to discuss the identity of any person who has furnished information or assistance in the investigation of a WIA violation unless absolutely necessary, nor may any person, organization, or agency discharge or in anyway discriminate or retaliate against a person for the filing of a complaint or the rendering of testimony in any proceeding or investigation.

**Various Types Of Complaints May Be Filed:**

**Fraud/Abuse Complaints**

Complaints concerning fraud, abuse or criminal activity shall be reported immediately to the Department of Labor.

**Labor Standards Complaints**

Complaints concerning labor standards violations will follow the procedures outlined under local level.

**State Level Complaints**

Complaints arising from actions taken by DCEO i.e., monitoring, sanctions, investigations are filed directly at the State level and the hearing would then be made through an Independent State Review. Complaints should be mailed to:

Illinois Department of Commerce and Economic  
Bureau of Workforce Development  
620 East Adams Street- Fifth Floor  
Springfield, IL 62702

**Discrimination Complaints**

If a complaint concerns discrimination on the basis of race, color, national origin, age, sex, religion, disability, political affiliation or belief, and for beneficiaries only citizenship or participation in programs funded under WIA, The complaint shall be filed with the local level recipient or the US Department of Labor, Directorate of Civil rights (DOL/DCR). Complaints must be filed not later than 180 days of alleged discrimination.

Discrimination complaints will follow the procedures as outlined under "Equal Opportunity is the Law"

**Local Level Complaints**

Complaints concerning program discrimination, i.e. hiring, promotions, working conditions, disciplinary actions, pay disputes, shall be filed at the local level within one year from the date of alleged incident. The complaint procedures involve several steps, some of which are combined responsibilities of the complainant and the WIA. A complaint may be filed by submitting to:

Kim McCarthy, EEO Officer  
Workforce Services Division  
1115 Plainfield Rd.  
Joliet, IL 60435  
kmccarthy@willcountyillinois.com  
Phone: 815-727-4444 Ext. 114  
TTY: 815-740-3068

**Filing Complaints**

Applicants, participants, subgrantees, subcontractors, staff and other interested persons, hereto referred to as the complainant, shall notify the Grant Recipient's or the Administrative Entity's Equal Opportunity Officer when filing a complaint. Complainants shall be advised of their rights to have the complaint resolved either informally or by submitting a written complaint. A written complaint shall be filed by either completing the State of Illinois Workforce Investment Act Complaint Form or the written complaint shall contain the following information: must be signed by the complainant or his/her authorized representative, contain the complainants name and address (or specify other means of contacting him/her); identify the respondent; and describe the complainant's allegations in sufficient detail to allow the Directorate of Civil Rights or the recipient, as applicable, to determine whether, the Directorate or recipient, as applicable, has jurisdiction over the complaint; the complaint was timely filed; and has apparent merit. The EEO Officer must assist the complainant when a written complaint is filed.

### **Informal Resolution**

Nothing in the state or federal statute or regulations precludes the use of informal mechanisms for the resolution of all complaints and prospective complaints under WIA. Complainants shall be encouraged, but not required to, informally resolve complaints. The complainant should first notify the proper authority at the local level of the alleged violation. Prior to the commencement of the investigation, pre-hearing conference, or hearing activities conducted by the WIA, attempts shall be made to resolve a complaint with the involved supervisor. Upon receipt of a written complaint, the EEO will log, investigate and review the allegations prior to a pre-hearing conference so that an appropriate resolution can take place at the meeting. Within 10 days of receipt of the written complaint by the WIA, they will forward to the complainant and other involved parties, a report outlining the judgment on the issues: and the complainant shall request a formal hearing.

### **Formal Request For A Hearing**

A formal complaint shall be filed by either submitting the State of Illinois Workforce Investment Act Complaint Form or the required information requested under [Filing Complaint](#).

Upon request for a formal hearing, the WIA shall appoint an impartial Hearing Officer to hear the complaint. The Hearing Officer shall schedule a hearing to convene within 30 days of receipt of written complain. Written notification shall be sent by the Hearing Officer to interested parties stating the date, time and place of the formal hearing and the issues to be heard.

### **Conduct Of Hearing**

Complainants and respondents shall make every effort possible to be present at the hearing. However, if they are unable to present, a 48 hour prior written notice must be given to the Hearing Officer. In the event circumstances arise prior to the hearing which, in the opinion of the Hearing Officer, is such as to be beyond the reasonable control of the complainant or respondent to prevent their attendance at the hearing, the Hearing Officer shall reschedule the proceedings. If the Hearing Officer determines that the complainant's or respondent's failure to attend the hearing is not beyond their reasonable control, the hearing shall be held in his/her absence.

All parties involved shall have the right to be accompanied by an attorney or other duly authorized representative; and the right of presenting any witness(es) or to introduce any evidence desires, subject to the approval of the Hearing Officer. The complainant shall be permitted access to WIA files which would be germane to the complainant's allegations. Complainant's may be questioned and may also question any of the parties or witnesses at the hearing.

### **Hearing Officer's Decision**

A written decision shall be prepared and distributed by the Hearing Officer to the complainant and all parties who attended the hearing within 60 days of the filing of the complaint. The conclusions or opinions of the decision shall be based upon facts and evidence presented during the hearing. The decision shall be based upon facts and evidence presented during the hearing. The decision of the Hearing Officer shall contain a statement of the issues; synopsis of facts, a statement of reasons for the decision, remedies: and, an aggrieved party's right to appeal the decision.

### **Appeal Of The Decision**

If an aggrieved party is not satisfied with the decision of the Hearing Officer or the decision is not received within 60 days of filing the complaint, an aggrieved party may file an appeal with DCEO. Appeals shall be filed within 10 days of receipt of the adverse decision or 15 days from the date on which the decision should have been received from the Hearing Officer. DCEO will then have 30 days after receipt of the written appeal to review the decision. If you do not appeal to DCEO, or the appeal is not timely made, the decision of the Hearing Officer will be final, otherwise, the decision rendered by DCEO (on behalf of the Governor) shall be final.

### **WIA Public Law 105-220 Non-Discrimination Section 188 States In Part**

For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C.6101 et seq.), on the basis of disability under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.

No individual shall be excluded from the participation in, denied the benefits of, subject to discrimination under, or denied employment in the administration of or in connection with, and such a program or activity because of race, color, religion, sex (except as otherwise permitted under title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.

Participants shall not be employed under this title to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with the respect to maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship, in a case in which the organization operating the facility is part of a program or activity providing services to participants).

No person may discriminate against an individual who is a participant in a program or activity that receives funds under this title, with respect to the terms and conditions affecting, or rights to provide to, the individual, solely because of the status of the individual as a participant.

Participation in programs and activities or receiving funds under this title shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States.

### **Equal Opportunity Is The Law**

It is against the law in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiaries of programs financially assisted under the Title I of the Workforce Investment Act of 1988 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in a WIA Title I financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIA Title I financially assisted

program or activity; Providing opportunities in, or treating any person with regard to, such a program or activity; or Making employment decisions in the administration of, or in connection with such a program or activity. What to do if you believe you have experience discrimination. If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer, or you may file a complaint directly with the Director of the Civil Rights Center (CRC), US Department of Labor (USDOL), 200 Constitution Avenue, NW Room N-4123, Washington, D.C. 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read and understand the complaint procedures and am aware of my rights to file a complaint if I feel that I have been discriminated against for any reasons defined in the Workforce Investment Act.

Signature: \_\_\_\_\_

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

EQUAL OPPORTUNITY EMPLOYER/PROGRAM  
AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES



## Individual Service Strategy

The ISS builds upon information gathered during the intake and assessment interview with each individual Career Seeker

(CS).

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

### I. PERSONAL STRENGTHS:

(What is the CS good at doing and what type of skills or talents do they have **which can be applied to a job?** Be as specific as possible.)

---

---

### II. INTERESTS: (Self-Expressed)

(What are the interests of the CS **that can be applied to employment goals?**)

---

---

### III. IMMEDIATE JOB GOALS:

(What kind of job would the CS like right now?)

---

---

### IV. LONG TERM CAREER GOALS:

(What kind(s) of job(s) would the CS like to be doing 5 years (or more) from now?)

---

---

### V. SKILL ATTAINMENT GOALS

#### Short Term

\_\_\_\_\_ Improve basic academic skills

\_\_\_\_\_ Develop a resume

#### Long Term (choose at least one)

\_\_\_\_\_ Obtain a full-time job (type of job) \_\_\_\_\_

\_\_\_\_\_ Enter the military

\_\_\_\_\_ Enter vocational training, college, or an apprenticeship program (list type of training) \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**VI. CHALLENGES:** (check all that apply) All Career Seekers will have one or more challenges.

**1. Academic:** TABE Reading \_\_\_\_\_ TABE Math \_\_\_\_\_

\_\_\_\_\_ Reading/Math Deficiencies \_\_\_\_\_ School dropout

\_\_\_\_\_ Behind grade level for age in school \_\_\_\_\_ Other

---

---

**2. Employment History:** Specify if CS has limited or spotty job history \_\_\_\_\_

**3. Family/housing:** Please explain: \_\_\_\_\_

Please list the members of your **household** including their age and relationship to you: \_\_\_\_\_

**4. Drugs or alcohol:** Has the CS received drug/alcohol treatment? Would the CS like a referral for counseling on this issue? Some of our jobs require drug screening. Could the CS pass a drug test today? Explain: \_\_\_\_\_

**5. Health:** Are there any health or physical conditions for which the CS might need accommodations or which could affect employment, e.g. asthma, pregnancy, etc. Please detail the condition and list any necessary accommodations. \_\_\_\_\_

**6. Legal:** Is the CS on probation or parole? Are they here as a condition of their release? Do they have a criminal record which will have to be explained on a job application? Please detail. \_\_\_\_\_

**7. Transportation** How will the CS get to classes and employment? Be specific. \_\_\_\_\_

**8. Other (describe)** \_\_\_\_\_

## VIII. Signatures

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO

Name \_\_\_\_\_

Review Date \_\_\_\_\_

Today's Date \_\_\_\_\_

**INDIVIDUAL SERVICE STRATEGY**

**60 DAY ACTION PLAN**

**ACADEMICS:**

GOAL # 1 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**EMPLOYMENT**

GOAL # 1 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**OTHER (Describe- see page 2)**

\_\_\_\_\_

GOAL # 1 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**USE ADDITION PAGES AS NECESSARY**

**VIII. Signatures**

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO

Name \_\_\_\_\_

Review Date

\_\_\_\_\_  
Today's Date \_\_\_\_\_

**INDIVIDUAL SERVICE STRATEGY**

**6 MONTH ACTION PLAN**

**ACADEMICS:**

GOAL # 1 \_\_\_\_\_  
\_\_\_\_\_

Steps to be taken: \_\_\_\_\_  
\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_  
\_\_\_\_\_

Steps to be taken: \_\_\_\_\_  
\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**EMPLOYMENT**

GOAL # 1 \_\_\_\_\_  
\_\_\_\_\_

Steps to be taken: \_\_\_\_\_  
\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_  
\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over  YES  No

**OTHER (Describe- see page 2)**

GOAL # 1 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over  YES  No

GOAL # 2 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over  YES  No

**USE ADDITION PAGES AS NECESSARY**

***PLEASE UPDATE FOLLOW UP CONTACTS INFORMATION***

**VIII. Signatures**

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO

Name \_\_\_\_\_

Review Date

Today's Date \_\_\_\_\_

**INDIVIDUAL SERVICE STRATEGY**

**1 YEAR ACTION PLAN**

**ACADEMICS:**

GOAL # 1 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**EMPLOYMENT**

GOAL # 1 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**OTHER (Describe- see page 2)**

\_\_\_\_\_

GOAL # 1 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

\_\_\_\_\_

Steps to be taken: \_\_\_\_\_

\_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**USE ADDITION PAGES AS NECESSARY**

***PLEASE UPDATE FOLLOW UP CONTACTS INFORMATION***

**VIII. Signatures**

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO

Name \_\_\_\_\_

Review Date

Today's Date \_\_\_\_\_

**INDIVIDUAL SERVICE STRATEGY**

**5 YEAR ACTION PLAN**

**ACADEMICS:**

GOAL # 1 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over  YES  No

GOAL # 2 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over  YES  No

**EMPLOYMENT**

GOAL # 1 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over  YES  No

GOAL # 2 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**OTHER (Describe- see page 2)**

GOAL # 1 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

GOAL # 2 \_\_\_\_\_

Steps to be taken: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Result: \_\_\_\_\_

Carry over \_\_\_\_ YES \_\_\_\_ No

**USE ADDITION PAGES AS NECESSARY**

**VIII. Signatures**

\_\_\_\_\_  
Career Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Seeker Advisor Signature

\_\_\_\_\_  
Date

Career Seeker Provider

ESN

JJC

L&S

WILCO

## Personal Strengths List Examples

Energetic	Reliable
Good Listener	Easy to get along with
Polite	Good writer
Honest	Can work independently
Punctual	Will follow through on tasks
Creative	Generous
Good Problem Solver	Artistic
Good with mechanical things	Work well with other people
Like to help others	Patient
Responsible	Flexible
Organized	Take initiative
Self starter	Good with my hands (building)
Always try to do my best	Curious
Willing to learn	Cooperative
Persevering	Trustworthy
Accurate	Efficient
Capable	Determined
Resourceful	

## **Career Interests Clusters\***

Architecture and Construction

Arts and Culture

Business and Finance

Computers and Telecom

Education and Social Services

Fashion and Design

Law and Government

Medical and Health

Natural Resources and Transportation

Science and Engineering

Skilled Trades

Service Industry

Sports and Recreation

\*These clusters correspond to those in the Career Cruising program. If you go to that website ([career.cruising.com](http://career.cruising.com)) you will find each cluster broken down into many jobs. The description and skill requirements for that job are also listed.



## Verification Checklist For At Risk Youth

Career Seeker Name \_\_\_\_\_ Security Number \_\_\_\_\_

**Please check all that apply**

- \_\_\_\_\_ 1. Student has been retained in grade at least once during the most recent four school years or has accumulated insufficient credits toward graduation.
- \_\_\_\_\_ 2. Student demonstrates a reading or math deficiency level one grade or more below current grade level based on assessments results
- \_\_\_\_\_ 3. Student lacks a demonstrated deficiency in the English language as measured by a standardized test.
- \_\_\_\_\_ 4. Student has been determined to have a behavior disorder or a learning disability by the school district.
- \_\_\_\_\_ 5. Student is pregnant or a parenting teen.
- \_\_\_\_\_ 6. Student has been on academic probation at any time during the prior twelve months.
- \_\_\_\_\_ 7. Student is truant or is excessively absent as determined by an authorized school official
- \_\_\_\_\_ 8. Student has been suspended from school five or more days during the previous or current school year.
- \_\_\_\_\_ 9. Student has been identified as drug or alcohol dependent by a medical authority or authorized school staff
- \_\_\_\_\_ 10. Student has been expelled from school during the previous or current school year.
- \_\_\_\_\_ 11. Student is a member of a family who meets the definition of long term DHS recipient
- \_\_\_\_\_ 12. Student is a member of a single parent household.
- \_\_\_\_\_ 13. Student is a foster child or has aged out of foster care.

\_\_\_\_\_  
Career Seeker Staff

\_\_\_\_\_  
Date

Contractor/Provider                      ESN    JJC    L&S    WILCO



## Applicant Statement

I hereby certify that I have provided food and shelter for \_\_\_\_\_  
\_\_\_\_\_ for the past \_\_\_\_\_ months.

I attest that the above information is true and accurate. I understand that misrepresentation on this form is grounds for immediate dismissal of the customer from the program and legal action may also be taken on both parties.

\_\_\_\_\_  
Signature of person providing support

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of customer (applicant)

\_\_\_\_\_  
Date

**Proof of signature is a required attachment to this form. The “person providing support” must attach a copy of their Driver’s License or State ID.**