

## INSTRUCTIONS TO COMPLETE INDIVIDUAL EMPLOYMENT PLAN-CWDA

- 1) Please complete the Individual Employment Plan to the best of your abilities. If you have any questions, please contact your Career Manager.
- 2) Males born on or after January 1, 1960 please provide a printout of your Selective Service number. You can obtain this by going to <http://www.sss.gov> and following instructions or ask Career Manager for assistance.
- 3) If you have served in the military, please attach a copy of your DD-214.
- 4) Attach a resume indicating your current and/or previous employers and job skills. If you do not have a resume, please complete the resume worksheet provided. Resume assistance is provided at your local Career Center.
- 5) You must register with EKOS before any services are available to you through WIOA. This allows you to be matched to job openings based on your skills and experience. You must be entered in this system to be considered for the program. You can register online at <https://focuscareer.ky.gov> or at your local Career Center.
- 6) You must take the Test of Adult Basic Education (TABE) Version 9&10 test and score a 585 scale score on Reading and 587 scale on Math or higher using TABE assessment version A and D; test results must be less than six (6) months old. If test results are lower than the scale scores and you want to pursue training you must do remediation work with an Adult Education Center and meet the minimal time of 30 hours that is required to retest plus any additional time that may needed to reach the required scale score.
- 7) If applicable you must take the Workkeys Assessment. If eligible you can receive this service at an Adult Education Center. The objective is to obtain a National Career Readiness Certificate (NCRC). If a score is under level to obtain a silver or gold NCRC then remediation through an Adult Education Center is necessary to obtain higher score and a NCRC.
- 8) If currently/previously enrolled in school, please include any college transcripts. In addition, please attach a training program outline.
- 9) If training is an option it is mandatory that you apply for Federal Financial Aid by meeting with Financial Aid staff at the college or applying online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Attach documentation of application and any grant award notification.
- 10) All training programs are subject to the availability of funds and may cease at any time if funds are not available.
- 11) For certain training programs criminal background checks and driving records may be required before eligibility is determined.

**Note: WIOA is not an entitlement program.**

**CUMBERLANDS  
WORKFORCE DEVELOPMENT AREA  
INDIVIDUAL EMPLOYMENT PLAN**

***General Information:***

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male  Female  Age: \_\_\_\_\_

Military Service: (check/list all that apply)

Military Service: Yes  No  Dates: \_\_\_\_\_

Veteran Disability: Yes  No

Copy of DD-214: Yes  No

Referral to Veteran's Program: Yes  No

Race:  American Indian/Alaskan Native  Asian  White, non-Hispanic  
 Black, or African American  Hispanic or Latino  Native Hawaiian

Background Check:

Have you ever been convicted of a felony or misdemeanor? Yes  No

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Transportation:

Do you have reliable transportation arrangements to get to work/school? Yes  No

If no, please explain how you will get to work/school. \_\_\_\_\_  
\_\_\_\_\_

WIOA Services:

Have you ever received WIOA Services in the past? Yes  No

If yes, date of services: \_\_\_\_\_

WIOA Career Manager: \_\_\_\_\_

Outcome? \_\_\_\_\_  
\_\_\_\_\_

Please list names, birthdates and relationship of all family members living in you home and include yourself. (related by blood, marriage, or adoption)

Single  Married  Divorced  Widowed

Name	Relationship	Birthday		

**Employment Information:**

Are you currently employed? \_\_\_\_\_ If yes, Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

Are you a dislocated worker? Yes  No

Are you a seasonal farmworker? Yes  No

If you are unemployed, how many weeks have you been unemployed within the past six Months? \_\_\_\_\_

Do you have a physical or mental impairment that results in a substantial barrier to employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you registered in Focus? Yes  No  If no, then registration must be completed to continue.

Do you have an updated resume? Yes  No

Do you need resume assistance? Yes  No  If no, then resume must be developed to continue.

Have you conducted any job searches? Yes  No  What types of job-search have you conducted?

\_\_\_\_\_ Employment Service                      \_\_\_\_\_ Internet Search                      \_\_\_\_\_ Resource Room  
 \_\_\_\_\_ Walk-in Applications                      \_\_\_\_\_ Newspaper                      \_\_\_\_\_ Other

Do you need assistance developing your job search skills? Yes  No

Do you need interviewing techniques assistance? Yes  No

If yes, identify what you need help with:

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Current Job Skills:

Please list any skills/experience/training/certifications you obtained from previous employment:

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Potential Employment Opportunities in Labor Market matching current skills:

**Identify potential employers in the labor market that are hiring and match current skill sets:**

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What type of employment have you recently been seeking? \_\_\_\_\_

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Identify employment contacts you have made within the past 3 months with the current skills and qualifications you possess. Use space provided below.

Date Contacted	Employer/Contact	Position applied for	Result

**Job Referrals and contacts must be documented in EKOS.**

Referred for employment: Yes  No  Date: \_\_\_\_\_

Interviewed: Yes  No

Hired: Yes  No  If no, reason \_\_\_\_\_

**Employment:**

Full-time, Part-time, and Internship Experiences. List most recent first.

Position/Job Title \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
Responsibilities/Accomplishments \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_  
Wages at Time of Departure (hourly, monthly) \_\_\_\_\_

Position/Job Title \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
Responsibilities/Accomplishments \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_  
Wages at Time of Departure (hourly, monthly) \_\_\_\_\_

Position/Job Title \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
Responsibilities/Accomplishments \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_  
Wages at Time of Departure (hourly, monthly) \_\_\_\_\_

Position/Job Title \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
Responsibilities/Accomplishments \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_  
Wages at Time of Departure (hourly, monthly): \_\_\_\_\_

***Education Information:***

Last grade completed: \_\_\_\_\_  
High School Diploma: \_\_\_\_\_ GED: \_\_\_\_\_ Year Received: \_\_\_\_\_  
Issuing Institution: \_\_\_\_\_  
Associate: \_\_\_\_\_ Bachelors: \_\_\_\_\_ Master's \_\_\_\_\_ PhD \_\_\_\_\_ Year Received: \_\_\_\_\_  
Major \_\_\_\_\_  
Issuing Institution: \_\_\_\_\_

Vocational/ Apprenticeship Training: \_\_\_\_\_  
Certifications/License: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Issuing Organization: \_\_\_\_\_ State: \_\_\_\_\_

Currently Attending School: Yes  No

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

School: \_\_\_\_\_

Area of Study you are pursuing: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

**NOTE:** A copy of transcripts and/or credentials must be presented at the time this document is reviewed.

TABE TEST RESULTS

MATH	READING	LANGUAGE

Is referral for remediation needed? Yes  No  If yes, referred to and date: \_\_\_\_\_

What career field(s) are you interested in pursuing? \_\_\_\_\_

Please list any skills/experience/training/certifications needed to succeed in the career of choice.

Is selected career in a high demand occupational field in labor market? Yes  No  If yes, identifies potential employers. \_\_\_\_\_

Attach five (5) job listings/help wanted ads for the career fields you are interested in pursuing. This will demonstrate employment opportunities are available in the area.

**NOTE:** This information may be researched in the local market and at [www.careerinfonet.org](http://www.careerinfonet.org).

**Financial Information:**

Family Household Financial Planning Worksheet

Please indicate the total number of members in your household: \_\_\_\_\_

Income Source	Current per month
1. Household income from current salaries	
2. Income from odd jobs (Farm Work, etc.)	
3. Gifts/loans from others	
4. Welfare assistance	
5. Food stamps	
6. Unemployment Insurance	
7. Other	

Total Income: \_\_\_\_\_

Expenses	Amount Per month
Rent/mortgage	
Gas/Electric	
Sewage/garbage	
Food	
Car Payment(s)	
Gasoline	
Cable TV	
Newspaper	
Credit card payments	
Auto insurance	
Telephone	
Child Care	
Child Support	
Medical/Dental	
Clothing	
School Loans/Total amount owed	

Total Expenses: \_\_\_\_\_

**Note:** Workforce Innovation and Opportunity Act assistance may cover only a portion of the training costs. Consider your source of income during training. This is very important because if you are determined eligible, you will be required to attend school full-time. If you are currently receiving unemployment insurance, you must know what you plan to do when the unemployment runs out and no longer have that income.

**\*Have you applied for or are you currently receiving any of the following services: (Check all that apply and please indicate the amount receiving from services for the last six months)**

Unemployment Insurance		TANF		Vocational Rehabilitation	
Child Care		SSI-Supplemental Security		Adult Education	
Medical Card		Food Stamps		Sr. Employment Program	
Veteran's Assistance		Section 8 Housing		Migrant Worker	
Retirement Pension		PELL/CAP/KEES/Scholarships		GI Bill	
Other Services/Programs: (List)					

1. If your expenses are more than your income how will you make ends meet while in training?

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2. Are your living expenses more than your income? Yes  No

3. Will your income remain the same during the entire time you are in training? Yes  No   
If not, explain: \_\_\_\_\_

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Explain any changes: \_\_\_\_\_

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**USE AND CONFIDENTIALITY**

To the customer: The information being collected, described your background and circumstances will be stored in a computer system servicing Kentucky. All information is treated as STRICTLY CONFIDENTIAL. The purpose of this form is to collect and maintain accurate information on all applicants to the WIOA funded program. This is a requirement set forth by the Department of Labor, which is the funding source for this program. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I may be subject to immediate termination if I am found INELIGIBLE AFTER ENROLLMENT and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. (Federal Regulations 20 CFR 676.75-3b III)

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NEED TO TRAIN CRITERIA

Is no suitable employment available with current skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would the customer benefit from training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there reasonable expectation of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is training reasonably available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the customer qualified to undertake and complete training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is training suitable and available at a reasonable cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**\*All criteria must be met to justify the use of WIOA funding for training.**

**\*\*All criteria must be documented in the client's file.**

**\*\*\*By signing below I understand that this employment plan will be evaluated for approval or disapproval based on the information provided. All WIOA clients must demonstrate a need for training, a reasonable ability to complete training and employment opportunities at a self-sustaining wage in the career field desired.**

**I attest that the information provided is true to the best of my knowledge. I am aware that I am subject to immediate termination if I am found to be ineligible after enrollment, and that I will be held financially liable for any W.I.O.A. Title I funds expended on my behalf due to the false or misleading information which I provided.**

- Approved for training
  
- Disapproved for training comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- Additional referrals needed and made to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Manager Signature

\_\_\_\_\_  
Date

Revised 7/15 Web  
Update 4/17/17