

WORK INITIATIVE/WARM Client Agreement
(WORK OPPORTUNITIES & RESOURCE KEYSTONES)

Date: _____

THIS AGREEMENT AND THE RULES & REQUIREMENTS BELOW ARE EFFECTIVE MARCH 1, 2013. ANY AGREEMENTS SIGNED PRIOR TO THIS DATE ARE NULL AND VOID.

Requirements for WORK INITIATIVE Clients:

Due to limited funding, all of the following must be met to remain in this program:

- Client Self-Assessment Form and Career Assessment Skills Test (if client is unaware of skill levels or knowledge of career path they wish to pursue).
- Client Individual Employment Plan (IEP) Form.
- Client must attend the WORK Initiative Workshop within first 3 months of program to be eligible for any certificates.
- Attend appointments twice a month, using the food pantry at each visit.
- Appointments must be cancelled or rescheduled within 24 hours. If one is missed without calling, (unless under emergency circumstances) you must wait 30 days to use the food pantry again.
- Make a minimum of two (2) potential job contacts daily while unemployed.
- Secure employment toward reaching the goal of becoming self-supportive within 12 months or be referred back to Hands On for appointment scheduling and meet with Family Services.
- Complete a personal budget document for review.
- Clients must participate fully with the requirements and remain on active status to benefit in WORK Initiative incentives and remain in the program.

I ACCEPT & AGREE TO EACH OF THE ABOVE REQUIREMENTS:

Client Signature _____ Date: _____

WORK INITIATIVE CLIENT SURVEY

(Work Opportunities & Resource Keystones)

Rate yourself on a scale of 1 – 5 (5 being the highest – 1 being the lowest)

- 1) I have decided on a career choice ____
- 2) I am prepared and have the skills required for a job in my field of choice ____
- 3) I have a current resume ____
- 4) I am confident in my resume writing skills ____
- 5) I am satisfied with my educational background ____
- 6) I have (or have had) good attendance at work ____
- 7) I have the ability to work without supervision ____
- 8) I have the ability to work well as a team player ____
- 9) I have the ability to learn quickly ____
- 10) I feel equipped to complete a successful job interview ____
- 11) My family relationships are satisfactory ____
- 12) My personal relationships are satisfactory ____
- 13) My relationships with co-workers is satisfactory ____
- 14) I make positive choices when dealing with anger ____
- 15) I am trustworthy, honest and dependable ____
- 16) I have full understanding of “networking” for job searches ____
- 17) I have an understanding of credit report ratings and budgeting ____

Individual Employability Plan (IEP)

Name: _____ Date: _____

Statement of problems, issues, or barriers (evictions, credit issues, income, child care needs, transportation needs, etc.):

Individual Strengths: _____

Long Range Goals (Where you want to be heading next year, or the next 2 years):

A. _____

B. _____

Short-term Goals---Steps to begin now to reach long range goals:

	Steps to be taken:	Start Date:	End Date:	Whose responsibility?	Results:
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					

1. Job Objective: Define your purpose and type of position you are seeking. Identify your key target and focus.

2. Employment History: (attach resume if available)

Starting with most recent and working **backwards**, list all previous employment. Describe skills, using action verbs and current industry language. Present responsibilities that enhance your record – key accomplishments.

(1) Job Title _____ Dates Started _____ Left: _____

Name of Company _____

Address of Company _____

Supervisor's Name: _____ Phone Number: _____

Your Duties: _____

Reason you left this job? _____

Wages: Starting _____ Ending _____

(2) Job Title _____ Dates Started _____ Left: _____

Name of Company _____

Address of Company _____

Supervisor's Name: _____ Phone Number: _____

Your Duties: _____

Reason you left this job? _____

Wages: Starting _____ Ending _____

(3) Job Title _____ Dates Started _____ Left: _____

Name of Company _____

Address of Company _____

Supervisor's Name: _____ Phone Number: _____

(3) Your Duties: _____

Reason you left this job? _____

Wages: Starting _____ Ending _____

(4) Job Title _____ Dates Started _____ Left: _____

Name of Company _____

Address of Company _____

Supervisor's Name: _____ Phone Number: _____

Your Duties: _____

Reason you left this job? _____

Wages: Starting _____ Ending _____

3. Education

1. High School: _____ Dates: From _____ To: _____

City/State: _____

Highest Grade Completed: _____

GED: _____ Date Received: _____

2. College/University/Tech. School: _____

Dates: From: _____ To: _____

City/State: _____

Major(s): _____ Minor(s): _____

Degree Received: _____

Highest Grade Completed: _____

Certificates: _____

Other: _____

4. Military Record:

Branch: _____ Date Entered: _____

Type of Discharge: _____ Date Discharged: _____

Rank: _____ Rate: _____

Service Number: _____

Occupational Specialties: _____

Special Training/Skills: _____

5. Business References: For a resume, make sure you contact each reference to ask their permission to use their names as a reference and to let them know who might be calling:

(1) Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____

(2) Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____

(3) Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____

(4) Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____

6. Summary of Qualifications: Identify key target and focus, the type of job you are seeking. Mention skills and any other special qualifications.

Professional Development or Industry Affiliations: _____

7. Interests or Hobbies:

8. Statement of Understanding:

This individual plan has been prepared with my input. Any changes made must be discussed with my Employment Services Coordinator. Failure to do so may be grounds for termination of WARM services. I understand this Individual Employment Plan and pledge my best efforts to completion of the steps in this plan. I understand that potential employers may be contacted by the Employment Services Coordinator.

Client Signature and Date

Employment Services Coordinator Signature

9. Supportive Services (describe):

<input type="checkbox"/> Title 20	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other	<input type="checkbox"/> Education: <input type="checkbox"/> Literacy:

Review Dates: _____

Employment Services Coordinator Checklist:

Client has been counseled regarding:

<input type="checkbox"/> Budgeting	<input type="checkbox"/> Skills Required for chosen field
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Referrals to other agencies
<input type="checkbox"/> Requirements for self-sufficiency	
<input type="checkbox"/> Behavior/Attitude:	

Length of Employment:

- 30 Days** _____
- 60 Days** _____
- 90 Days** _____
- More than 90 Days** _____