

# WE ARE YOUR DOL



<input type="checkbox"/> 1 <sup>st</sup> Appointment
<input type="checkbox"/> Follow-Up Appt

## INDIVIDUAL EMPLOYMENT PLAN/ NEXT STEPS PLAN

Name: \_\_\_\_\_

NY Identification Number: \_\_\_\_\_

Short Term Goals: \_\_\_\_\_

Long Term Goals: \_\_\_\_\_

Below are the steps I will take to become more competitive in the job market, address challenges to employment and to expedite my transition into meaningful employment.

### Attend the following Career Center appointments:

Workshop: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Individual career counseling appt with: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Attend the following supportive service referral appointment:** Vocational Rehab, NYS Department of Veterans' Services, US Department of Veteran Affairs, High School Equivalency (HSE)

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact name: \_\_\_\_\_

### ADDITIONAL STRATEGIES

- Email Resume
- Revise Current Resume
- Take Computer Classes
- Sign-up for Social Networking
- InterviewStream

### WORK SEARCH ACTIVITIES

Companies I will apply to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Companies I will research:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Companies I will follow up with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Next Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**E-Signature Disclaimer**

- I certify that I have reviewed the information in my Individual Employment Plan. I agree to attend scheduled appointments. I understand that if I do not comply with the above, I may be ineligible to receive Unemployment Insurance benefits.