

Basic Food Employment & Training (BFET) Individual Employment Plan

Client Name:
 BFET Provider: TRAC Associates
 Case Manager:

EJAS ID:
 Contractor Code: 6CH
 Date of Intake:

Employment Goals	
Career Plan:	
Wage Expectation:	
Immediate Job Goal(s):	
Target Employment Date:	

Skills and Qualifications		
<i>Education</i>		
<input type="checkbox"/> High School Diploma or Equivalent		
<input type="checkbox"/> College Education	Degree:	
<input type="checkbox"/> Vocational Training	Certificate:	
<i>Work Experience</i>		
Number of employers in past 5 years: <i>List Employment History on separate sheet</i>		
<input type="checkbox"/> No work experience in the past year		
<i>Transferrable Skills</i>		
<input type="checkbox"/> Customer service	<input type="checkbox"/> Solve problems	<input type="checkbox"/> Organized
<input type="checkbox"/> Write clearly	<input type="checkbox"/> Calculate, compute	<input type="checkbox"/> Manage people
<input type="checkbox"/> Speak in public	<input type="checkbox"/> Listening	<input type="checkbox"/> Run meetings
<input type="checkbox"/> Speak multiple languages	<input type="checkbox"/> Managing time	<input type="checkbox"/> Direct projects
<input type="checkbox"/> Communicate verbally	<input type="checkbox"/> Being punctual	<input type="checkbox"/> Other:
<input type="checkbox"/> Handle food	<input type="checkbox"/> Cooperating	<input type="checkbox"/> Other:
<input type="checkbox"/> Manage money	<input type="checkbox"/> Follow instructions	<input type="checkbox"/> Other:
<input type="checkbox"/> Take orders	<input type="checkbox"/> Construct or repair	<input type="checkbox"/> Other:
<input type="checkbox"/> Operate office equipment	<input type="checkbox"/> Drive or operate vehicles	<input type="checkbox"/> Other:
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Operate tools and machinery	<input type="checkbox"/> Other:
<i>Other Qualifications</i>		
Certificate:		
Professional License:		
Other:		

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Assessed Employment Barriers	
Client Employment Barriers	Services to Address Barriers
<input type="checkbox"/> Skill Deficiency	
<input type="checkbox"/> High School Diploma or Equivalency	
<input type="checkbox"/> Lack of Qualifications for Desired Employment	
<input type="checkbox"/> Lack of Employment History	
<input type="checkbox"/> Limited English Proficiency ESL Level:	
<input type="checkbox"/> Physical Health	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Chemical Dependency	
<input type="checkbox"/> Criminal Record affecting Employment	
<input type="checkbox"/> Required Employment Verification (i.e. ID / Birth Certificate, Driver's License, SSN Card)	
<input type="checkbox"/> Resource Deficiency (i.e. childcare, transportation, personal hygiene)	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Other:	

Employment Plan		
<input type="checkbox"/> Education/Training Plan	<input type="checkbox"/> VE <input type="checkbox"/> BE (Including ESL)	
Educational Institution:		
Dates of Training:	From:	To:
Academic Goal:		
Degree/Certification:		
<input type="checkbox"/> Job Readiness Training (JT)		
Job Search Training (i.e. resume writing; interview skills, master application, workplace etiquette)	From:	To:
Work Experience (i.e. internship, OJT)	From:	To:
<input type="checkbox"/> Job Search (JS)		
Independent Job Search:	From:	To:
Job Search with Assistance:	From:	To:
<input type="checkbox"/> Job Retention (BR)		
Other:		

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Declaration and Signature

The following are the requirements to participate in the Basic Food Employment & Training (BFET) program:

- Receive Basic Food Assistance from DSHS;
- Be able to work at least 20 hours per week;
- Cooperate with the requirements of this Individual Employment Plan; and
- Meet with your BFET case manager at least monthly.

I, _____, have read the requirements and agree to abide by them.
(Print Name)

Yes No I understand this form and the contents have been explained to me in my primary language.

Client Signature

Date

Case Manager Signature

Date

Interpreter Signature (required if client cannot understand this form in English)

Date

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Employment History			
Employer:			
Dates of Employment:	From:		To:
Wages:		Hours Per Week:	
Job Title:			
Work Performed:			
Reason for Leaving:			

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