

CAP individual Employment Plan (IEP)

Social Security Number	Name	Date of Birth	Current Age	Gender
------------------------	------	---------------	-------------	--------

Primary Address	County
-----------------	--------

Alternate Address	
-------------------	--

Telephone1	Telephone2	Fax	Email
------------	------------	-----	-------

Education Completed	Pell Grant Recipient		
---------------------	----------------------	--	--

Degree/Certificate/Training Level:	Major field of study / Title:
------------------------------------	-------------------------------

Issued By:	Location:	Date issued:
------------	-----------	--------------

Veteran Status:

Military Start	Military Separated	Military Branch	Percent Disability
----------------	--------------------	-----------------	--------------------

Veteran Status	Campaign Veteran	Disabled Veteran	Selective Service	Sel Serv Number
----------------	------------------	------------------	-------------------	-----------------

Desired Occupation	Desired Wage	Work Week	Commute
--------------------	--------------	-----------	---------

Skills:

GREAT HIRES WORK HISTORY:

Employer	Job Title
----------	-----------

City, State

Date Started	Date Ended	Salary	Pay Unit	Reason for Leaving
--------------	------------	--------	----------	--------------------

Employer	Job Title
----------	-----------

City, State

Date Started	Date Ended	Salary	Pay Unit	Reason for Leaving
--------------	------------	--------	----------	--------------------

Employer		Job Title		
----------	--	-----------	--	--

City, State

Date Started	Date Ended	Salary	Pay Unit	Reason for Leaving
--------------	------------	--------	----------	--------------------

Employer		Job Title		
----------	--	-----------	--	--

City, State

Date Started	Date Ended	Salary	Pay Unit	Reason for Leaving
--------------	------------	--------	----------	--------------------

Employer		Job Title		
----------	--	-----------	--	--

City, State

Date Started	Date Ended	Salary	Pay Unit	Reason for Leaving
--------------	------------	--------	----------	--------------------

Employer		Job Title		
----------	--	-----------	--	--

City, State

Date Started	Date Ended	Salary	Pay Unit	Reason for Leaving
--------------	------------	--------	----------	--------------------

FAMILY MEMBERS:

Name Social Security Number	Date of Birth	Age	Relationship	Earnings
--------------------------------	---------------	-----	--------------	----------

Test Results:

Pre-Test Results:

Reading Skills Level	Reading Skills Type	Date Taken	Reading Skills Form
----------------------	---------------------	------------	---------------------

Pre-Test Results:

IEP Barriers:

Participant's Strengths:

Legal Issues and/or Substance Abuse Barriers:

Drugs / Alcohol:

Legal Issues:

Family and Health Barriers:

Is child care currently a barrier?

Is health currently a barrier?

Personal Barriers:

Age:

Appearance:

Attitude:

Educational Background:

Homeless:

Job-Seeking Skills:

Job-Specific Skills:

Language:

Transportation:

Other:

IEP Goals:

Short-term Occupational Goals:

Long-term Occupational Goals:

Short-term Educational Goals:

Long-term Educational Goals:

Additional Comments:

Report to:

Activity Plan:

Activity	Target
-----------------	---------------

I UNDERSTAND THE INFORMATION I GIVE IS PRIVATE. I UNDERSTAND THAT IT WILL BE USED TO HELP ME GET A JOB. I UNDERSTAND THAT INFORMATION I GIVE ON THIS FORM MAY BE NEEDED BY OTHER AGENCIES TO HELP ME REACH MY GOALS. THE DIVISION OF WORKFORCE DEVELOPMENT STAFF HAVE MY PERMISSION TO GIVE THIS INFORMATION TO OTHER AGENCIES. I GIVE MY PERMISSION TO GIVE OUT THIS INFORMATION AS LONG AS I GET CASE MANAGEMENT SERVICES

The IEP is not a guarantee or contract to provide services.

CUSTOMER SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____