

# NORTH SEATTLE COMMUNITY COLLEGE WORKFORCE EDUCATION PROGRAMS EMPLOYMENT PLAN

BFET Program  
  LEP Pathway  
  Opportunity Grant  
  Worker Retraining  
  WorkFirst

Last Name:

First Name & Middle Initial:

Training Program:

Student ID:

Employment Goals	
Short Term Goal(s)	
Long Term Goal(s)	

Employment Challenges		
Challenge	Challenge	Challenge
<input type="checkbox"/> Telephone Number Home (    )  Cell (    )  E-Mail	<input type="checkbox"/> Right to Work Status  <input type="checkbox"/> US Citizen <input type="checkbox"/> Green Card  <input type="checkbox"/> Work Visa	<input type="checkbox"/> Housing
<input type="checkbox"/> Transportation Bus <input type="checkbox"/> Car <input type="checkbox"/>	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Child care
<input type="checkbox"/> Driver's License WA <input type="checkbox"/> Another State	<input type="checkbox"/> Health Problems	<input type="checkbox"/> Financial Needs
<input type="checkbox"/> Limited Work Experience	<input type="checkbox"/> Lack of Education	<input type="checkbox"/> Interview/Work Clothes
<input type="checkbox"/> Gaps in Employment	<input type="checkbox"/> Lack of Job Seeking Skills	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Offender/Legal Proceedings	<input type="checkbox"/> Needs Resume/Cover Letter	<input type="checkbox"/> Personal Issues
<input type="checkbox"/> Drug/Alcohol Problems	<input type="checkbox"/> Limited English Skills	<input type="checkbox"/> Tools

Employment Plan				
Action	Start Date	Estimated Completion Date	Actual Completion Date	Comments
Initial meeting with student				
Discussion of challenges				
Discussion of challenges				
Discussion of challenges				
Discussion of challenges				
Do research of training program companies with job openings				
Development of resume				
Development of cover letter				
Development of "Thank you " letter				
Interview techniques				
Complete job applications				
Follow-up with Employers				
Networking				





**NORTH  
SEATTLE  
COMMUNITY  
COLLEGE**

# WORKFORCE EDUCATION Academic Plan

BFET Program    LEP Pathway    Opportunity Grant    Worker Retraining    WorkFirst

Last Name:

First Name & Middle Initial:

Training Program:

Student ID:

Quarter:

Start Date:

End Date:

Course Abbrev.	Course #	Course Name	Credits

TOTAL CREDITS

Quarter:

Start Date:

End Date:

Course Abbrev.	Course #	Course Name	Credits

TOTAL CREDITS

Quarter:

Start Date:

End Date:

Course Abbrev.	Course #	Course Name	Credits

TOTAL CREDITS



# WORKFORCE EDUCATION Academic Plan

Quarter: \_\_\_\_\_

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

End Date: \_\_\_\_\_

Course Abbrev.	Course #	Course Name	Credits

TOTAL CREDITS

Quarter: \_\_\_\_\_

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

End Date: \_\_\_\_\_

Course Abbrev.	Course #	Course Name	Credits

TOTAL CREDITS

**Advisor's Comments on Academic Plan**

Advisor's Signature: \_\_\_\_\_

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

I declare that the information in this plan is true, accurate and represents an honest statement of my intentions to regain employment.

Student's Signature: \_\_\_\_\_

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