

Career Planning Preferences

Name: _____

Career Field Interests

1. _____
2. _____
3. _____

Transportation

Do you have a driver's license? Yes No

Do you have any restrictions on your driver's license? Yes No

Do you have a license to drive other vehicles such as CDL, motorcycle, bus etc. If so, what type of license _____

Do you have reliable transportation? Yes No

If yes, please check: _____ Car (I drive) _____ Car (family/friends drive)
 _____ Bus _____ Handivan/para transit

Priorities

Are you willing to take a job now? Yes No

Do you want full-time work? Yes No

Do you want part-time work? Yes No

Location

Please check the areas you are willing to work in Nebraska.

- | | | | |
|---------------------------------------|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Beatrice | <input type="checkbox"/> Kearney | <input type="checkbox"/> Omaha | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Scottsbluff | <input type="checkbox"/> York |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> McCook | <input type="checkbox"/> Nebraska-Any Location | |
| <input type="checkbox"/> Grand Island | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Hastings | <input type="checkbox"/> North Platte | | |

If you are willing to work outside Nebraska, please check the areas you are willing to work.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Bordering states | <input type="checkbox"/> US Midwest | <input type="checkbox"/> US Southwest |
| <input type="checkbox"/> US Great Plains | <input type="checkbox"/> US Northeast | <input type="checkbox"/> US. West |
| <input type="checkbox"/> US Mid Atlantic | <input type="checkbox"/> US. Southeast | |

List others: _____

Complete the Work Values on the reverse side and prior to plan development complete the Family & Support Network and Resources worksheets contained in this packet.

Work Values

It will be important to consider what you value in a job. By doing this you are more likely to be satisfied with your job.

- **Review the statements below.**
- **Place check marks beside the four statements that are most important to you on a job.**

On my ideal job it is important that I:

Achievement

- Have a feeling of accomplishment.
- Make use of my abilities.

Relationships

- Do things for other people.
- Find it easy to get along with co-workers.
- Never be pressured to do things that go against my sense of right and wrong.

Independence

- Make decisions on my own.
- Plan my work with little supervision.
- Try out my own ideas.

Working Conditions

- Be busy all the time.
- Do something different every day.
- Have good working conditions.
- Have steady employment.
- Receive pay that would compare well with that of other workers.
- Work alone.

Support

- Be treated fairly by the company.
- Have supervisors who would back up their workers with management.
- Have supervisors who train their workers well.

Recognition

- Be provided an opportunity for advancement.
- Give directions and instructions to others.
- Receive recognition for the work I do.

Education

Please circle the last grade completed: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

High School

Name of High School	Location	From Month/Year	To Month/Year	Date High School Diploma/GED Received
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University, College, Business, Correspondence, Trade, Technical or Vocational School

Name of School	From Month Year	To Month Year	Date of Graduation Degree Awarded	Degree	Field of Study	# of Hours	Total Semester/Quarter Hours
					Major		
					Minor		
					Major		
					Minor		

Please list any licenses and certificates you have which are not already listed:

Family and Support Network

Complete the following to identify the person who will always know your address and phone number. This should be someone other than who you live with.

Name	Relationship	
Street Address	Apt. #	Phone Number
City	State	ZIP Code
Email Address		

Please list any family members or individuals who are currently living with you. If you have other family members who provide support but do not live with you list them as well.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your support network includes individuals who know you well, care about you, and are involved in your life. It also includes people who can help you succeed in preparing for, getting and keeping a job. Please list any additional individuals who have not already been identified as a family member who will support you.

<i>Name</i>	<i>Relationship</i>		<i>Phone Number</i>
How will this person support you?	<input type="checkbox"/> Financially	<input type="checkbox"/> Emotionally	<input type="checkbox"/> Provide Job References
	<input type="checkbox"/> Provide Job Leads	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____

<i>Name</i>	<i>Relationship</i>		<i>Phone Number</i>
How will this person support you?	<input type="checkbox"/> Financially	<input type="checkbox"/> Emotionally	<input type="checkbox"/> Provide Job References
	<input type="checkbox"/> Provide Job Leads	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____

<i>Name</i>	<i>Relationship</i>		<i>Phone Number</i>
How will this person support you?	<input type="checkbox"/> Financially	<input type="checkbox"/> Emotionally	<input type="checkbox"/> Provide Job References
	<input type="checkbox"/> Provide Job Leads	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____

<i>Name</i>	<i>Relationship</i>		<i>Phone Number</i>
How will this person support you?	<input type="checkbox"/> Financially	<input type="checkbox"/> Emotionally	<input type="checkbox"/> Provide Job References
	<input type="checkbox"/> Provide Job Leads	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____

Resources

To help VR staff assist you in finding the resources you need, please record the information below for all income you receive. **Do not record income for family members.**

Type You Receive	Amount	How Often Received
Personal Wages	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
AABD (Aid to Aged, Blind Disabled)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Alimony/Child Support	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Farm/Crop Assistance	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
General Assistance	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Interest/Dividends	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
None	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Personal Wages	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Rental/Boarders	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Self-Employment	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Spouse's/Family Wages	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
SSDI (Social Security Disability)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
SSI (Supplemental Security Income)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
TANF (Temporary Aid for Needy Families)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Trust Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Unemployment Insurance	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Veterans Benefits	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Worker's Compensation	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Social Security Retirement	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Social Security Disabled or Deceased Parent	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Other	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

This activity will help you decide which agencies or programs could help you prepare for, find or keep a job. Please record all services and benefits you and your household members currently receive or have recently applied for.

Type	Status	Contact Person	Phone	Who in Household Receives
Select one of the following: Applied, Eligible				
ABI or Autism SE Provider				
Assistive Technology Partnership				
Center for Independent Living				
Commission for Deaf & Hard of Hearing				
Community Action Program				
Community Handivan/Paratransit Program				
Department of Labor (Workforce Development)				
Developmental Disabilities-Regional/Local Program				

Type	Status	Contact Person	Phone	Who in Household Receives
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Select one of the following:
Applied, Eligible

Developmental Disabilities-Service Coordination				
Disability Advocacy or Support Group				
Drug and Alcohol Abuse-Regional/Local Program				
Educational Service Unit (ESU)				
Experience Works				
Food Stamps				
Goodwill Industries				
HHSS-Aid to Aged, Blind and Disabled (AABD)				
HHSS-Disabled Persons & Family Support				
HHSS-General Assistance				
HHSS-Juvenile Justice				
HHSS-Medically Handicapped Children				
HHSS-Temporary Assistance for Needy Families (TANF)				
HHSS-Welfare to Work/Employment First				
Housing Subsidy (HUD)				
Medicaid				
Medicaid Waiver Services				
Medicare				
Mental Health Program-Regional/Local (including clubhouses)				
Mental Health Program-Regional Center				
Private Health Insurance				
Project With Industry (PWI)				
School to Work-Regional/Local Program				
Secondary School/Special Education				
Social Security-Child of Disabled Parent				
Social Security-Disability (SSDI)				
Social Security Retirement				
Social Security-SSI				
Student Financial Aid (Pell, SEOG, Work-Study)				
Unemployment Insurance				
Veteran's Affairs General Benefits				
Worker's Compensation				
Workforce Investment				
Veteran's Affairs VR Fund				
Other				

Please check this box if you and the consumer have reviewed the list of resources and determined the consumer is not currently receiving, in need of, or eligible for these services and benefits.