PIEDMONT
Workforce Network

Individual Employment Plan
WIOA Adult & Dislocated Worker Program

Page 1-2 to be completed by WIOA Participant
Page 3-4 to be completed by WIOA Program Manager

Date: _____

General Information

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Work History

Employer	Dates Employed	Brief Description of Duties
1.		
2.		
3.		

Education Information

☐ High School Diploma ☐ General Education Diploma (GED) ☐ Vocational/Technical Training
☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree and Above
☐ None of the above

If no high school diploma, last grade level completed: _____

If applicable, post-secondary training program: _____

Career/Training Interests

1. _____ 2. _____
3. _____ 4. _____

Self-Assessment

Job Search Skills		
☐ Yes	☐ No	Do you have an up-to-date resume?
☐ Yes	☐ No	Do you have a cover letter that goes with your resume to submit for jobs?
☐ Yes	☐ No	Do you know how to submit an online application for jobs?
☐ Yes	☐ No	Do you have an email address for employers to use to contact you?
☐ Yes	☐ No	Do you have clothing that is appropriate to wear to a job interview?
☐ Yes	☐ No	If an employer looked at your Facebook or social media page, would they hire you for a job?
☐ Yes	☐ No	Do you know how to use the Virginia Workforce Connection?

Job Retention Skills		
☐ Yes	☐ No	Have you ever walked off a job without giving notice?
☐ Yes	☐ No	Have you had more than one job that lasted less than a year?
☐ Yes	☐ No	Can you use all of your past employers as references?
☐ Yes	☐ No	Did you ever leave a job because of a conflict with a supervisor?
☐ Yes	☐ No	Have you left a job or been terminated because of a conflict with a coworker?
☐ Yes	☐ No	Have you had any problems with punctuality or attendance at a job?

Vocational Skills, Occupational Skills, Academics and Training		
☐ Yes	☐ No	Can you navigate the Internet and use a computer proficiently?
☐ Yes	☐ No	Can you use Microsoft Word, Excel, and PowerPoint?
☐ Yes	☐ No	Are you currently in training, high school, vocational school, or working on your GED?
☐ Yes	☐ No	Do you have a high school diploma or GED?
☐ Yes	☐ No	Have you earned any licenses, certificates, or degrees?
☐ Yes	☐ No	Are you interested in going back to school to gain more skills?

Challenges to Education or Employment		
☐ Yes	☐ No	Are you pregnant or parenting?
☐ Yes	☐ No	If so, do you have reliable childcare?
☐ Yes	☐ No	Do you have reliable transportation?
☐ Yes	☐ No	Do you have a valid Driver's License?
☐ Yes	☐ No	Have you ever been arrested or convicted of a crime other than a traffic violation?
☐ Yes	☐ No	Do you have a stable living situation?

Responsibilities of WIOA Program Participants:

1. Agree to contact the designated WIOA Program Manager at a minimum of once a month, or more, as needed.
2. If provided training resources, attend training regularly and make satisfactory progress.
3. Actively seek and accept training related employment upon completion of services.
4. Provide specific information regarding employment before leaving the program.
5. Respond to all surveys and other requests for information including follow-up interviews after leaving the program.
6. Notify the WIOA Program Manager of changes in:
    - Training Status
    - Employment Status (including part-time and temporary work)
    - Eligibility for Pell or other grants
    - Address or Phone Number
7. Under that WIOA funding is always contingent upon the availability of funds to the Workforce Development Area.

_____ _____

Customer Signature ***WIOA Program Manager Signature***

Barriers to Employment

- ☐ Basic Skills Deficient
- ☐ English as a Second Language (ESL)
- ☐ No Child Care
- ☐ School Drop Out
- ☐ No Transportation
- ☐ No Job Opportunities
- ☐ Lacks Skills/Training/Credential
- ☐ Substance Abuse
- ☐ Lacks Work History
- ☐ Criminal Record
- ☐ No Driver's License
- ☐ Homeless

Individualized Career Services

	Activity	Start Date	End Date
☐	Comprehensive & Specialized Assessments		
☐	Individual Employment Plan Development		
☐	Group Counseling		
☐	Individual Counseling		
☐	Career Counseling/Planning		
☐	Short-term prevocational services		
☐	Internships or Work Experience		
☐	Workforce Preparation Activities		
☐	Financial Literacy Services		
☐	Out-of-area Job Search Assistance & Relocation Assistance		
☐	English Language Acquisition or Integrated Education/Training Programs		

Assessments

Basic Skills Assessment

Test Administered: _____

Results:

Reading: _____ Math: _____ Language: _____

Interest/Aptitude Assessment

Test Administered: _____

Results (Top 3 Interests):

1. _____
2. _____
3. _____

Training Services

	Activity	Start Date	End Date
☐	Occupational Skills Training		
☐	On-the-Job Training		
☐	Cooperative Education Program		
☐	Skill Upgrading & Retraining		
☐	Entrepreneurial Training		
☐	Transitional Job		
☐	Job Readiness Training provided in combination with other training services		
☐	Adult education and literacy activities		
☐	Customized training		

**Training Plan must be completed for training services provided showing training provider, cost, and projected start and end dates.*

Training Information

Describe the training services the participant will receive, including provider, anticipated results, and labor market information (wage rate and anticipated growth).

_____

_____

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_____

Supportive Services Needs

Describe any supportive services that the participant may need to access additional education or employment opportunities.

_____

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_____ _____

Customer Signature ***WIOA Program Manager Signature***

Activity	Start Date	End Date
Second Occupational Skills Training		

Training Information

Describe the training services the participant will receive, including provider, anticipated results, and labor market information (wage rate and anticipated growth).

_____

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Supportive Services Needs

Describe any supportive services that the participant may need to access additional education or employment opportunities.

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_____ _____

Customer Signature ***WIOA Program Manager Signature***

IEP Review

This Individual Employment Plan (IEP) should be reviewed and updated (as needed) every 90 days.

☐ No changes to IEP are necessary at this time.
If applicable, summarize changes necessary:

Date	*Program Manager Signature*	*Participant Signature*

☐ No changes to IEP are necessary at this time.
If applicable, summarize changes necessary:

Date	*Program Manager Signature*	*Participant Signature*

☐ No changes to IEP are necessary at this time.
If applicable, summarize changes necessary:

Date	*Program Manager Signature*	*Participant Signature*

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