

## Basic Food Employment & Training (BFET) Individual Employment Plan

Client Name: \_\_\_\_\_

EJAS ID: \_\_\_\_\_

BFET Provider: Grays Harbor College

Contractor Code: 6AY

Case Manager: \_\_\_\_\_

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"/> <b>Education/Training Plan</b>	<input type="checkbox"/> <b>VE</b> <input type="checkbox"/> <b>BE</b> (Including ESL)	
Educational Institution:		
Dates of Training:	From:	To:
Academic Goal:		
Degree/Certification:		
<input type="checkbox"/> <b>Job Readiness Training (JT)</b>		
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"/> <b>Job Search (JS)</b>		
Independent Job Search:	From:	To:
Job Search with Assistance:	From:	To:
<input type="checkbox"/> <b>Job Retention (BR)</b>		
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*

## Basic Food Employment & Training (BFET) Individual Employment Plan

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

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Wages:		Hours Per Week:	
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