Basic Food Employment & Training Program

Name: ________________________  Student ID#: ________________________

I. Academic Goal
Program of Study: _______________________________________________________
Program Start: (Quarter/Year) _____________________ Expected Completion: (Quarter/Year) _______________________

II. Career Goals
What specific occupation are you working toward? ____________________________
What interests you about this career? ______________________________________
What types of employers hire individuals in this occupation? (eg. hospitals, auto dealerships, etc.): __________________________

What do you expect to be doing after 5-10 yrs in that occupation? __________________________

Occupation’s average salary range: $ ________________________ (careerbridge.wa.gov)

III. Employment Background
List any experience gained from employment, volunteer work and/or hobbies that is related to your desired career.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list any skills gained in past jobs that can be applied in your desired career (eg. customer service, typing, etc.).

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
IV. PERSONAL STRENGTHS
List your 5 strengths & abilities related to work and learning:
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

V. ADDRESSING POTENTIAL BARRIERS
Consider any possible challenges you may encounter while attending college. Specifically address the following:

a. Describe your existing support system (family, friends, and professional services) and how they will help you navigate personal challenges and family obligations while you are in school. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

b. If you will be working while attending school, how will you balance those schedules? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   c. Academic: Describe any concerns you may have about meeting the academic challenges you may experience with college-level work. ____________________________________________________________

   Plan: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   d. Financial: What steps have you taken or do you plan to take, to secure funding for education? ____________________________________________________________

   Plan: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   e. If you are not eligible for traditional financial aid (FAFSA), please explain why: ____________________________________________________________

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
VI. ASSESSING YOUR RESOURCES

• HOUSING

How stable do you consider your current housing to be? (Will this change in the next 6-12 months?)

☐ Stable -- Permanent living in housing for longer than the next 12 months.
☐ Safe -- Living in housing sustainable for at least the next 12 months.
☐ Vulnerable -- Living in substandard housing; transitional housing; at risk of losing subsidized housing.
☐ In Crisis -- Living in emergency shelter; couch-surfing; at risk of losing housing with no other place to go.

• TRANSPORTATION

What is your transportation plan?
__________________________________________________________________________________________________
What is your backup plan?
__________________________________________________________________________________________________
__________________________________________________________________________________________________

• CHILDCARE

Do you have children? ☐ Yes ☐ No
If yes, do you require childcare while pursuing a certificate or degree? ☐ Yes ☐ No
If yes, names & ages of children needing childcare?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What is your childcare plan? __________________________________________________________
What is your backup plan? __________________________________________________________

• FINANCIAL MANAGEMENT SKILLS

Do you set and follow a budget? ☐ Yes ☐ No
Do you know how much money you need each month? ☐ Yes ☐ No
Do you have a checking and/or savings account? ☐ Yes ☐ No
Do you regularly balance your bank account? ☐ Yes ☐ No
Are you able to pay your bills each month? ☐ Yes ☐ No
How do you pay your bills?
__________________________________________________________________________________________________

Do you anticipate a shortfall each month while you’re attending school? ☐ Yes ☐ No
What is your plan to address this shortfall?
__________________________________________________________________________________________________
• **HEALTH CARE ACCESS**

Do you have current medical coverage? □ Yes □ No
If no, plan:________________________________________

Do you have current dental coverage? □ Yes □ No
If no, plan:________________________________________

• **PERSONAL CONCERNS**

What types of things are going on in your life that could create road blocks or derail your education?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

VII. **COMMITMENT**

By signing below, I agree to inform the BFET Coordinator if I change my program of study while enrolled in the BFET program. I understand that I will be required to update my employment plan at least annually or as circumstances change.

Student Signature: ___________________________________________ Date: ____________________________

VIII. **ACTION STEPS AND/OR REFERRALS**

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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