

Career Planning Preferences

Name: _____

Career Field Interests Check the box(s) any of the career field categories that interest you.

- Business, Marketing and Management
 Agriculture, Food, and Natural Resources
 Communication and Information Systems
 Skilled and Technical Sciences
 Health Sciences
 Human Services and Education

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 remaining pages 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 — A feeling of success from a job well done.
- Make use of my abilities — Use my skills and abilities.

Relationships

- Do things for other people — Help others
- Find it easy to get along with co-workers — Work with people that I like.
- Never be pressured to do things that go against my sense of right and wrong — Be the type of person I want to be.

Independence

- Make decisions on my own — Do my work the way I want to.
- Plan my work with little supervision — Don't need the boss to tell me what to do.
- Try out my own ideas — Come up with new ways to do things.

Working Conditions

- Be busy all the time — Have plenty of work to do.
- Do something different every day — Have many different tasks to do.
- Have good working conditions — Work in a good place (clean, warm , safe, etc.).
- Have steady employment — Not seasonal or few hours.
- Receive pay that would compare well with that of other workers — Good wages.
- Work alone — In an area without others.

Support

- Be treated fairly by the company — Treated with respect regardless of rank , age, race, etc.
- Have supervisors who would back up their workers with management — Supervisor will stick up for you.
- Have supervisors who train their workers well — Able to ask questions and get help.

Recognition

- Be provided an opportunity for advancement — Chances for promotion and raises.
- Give directions and instructions to others — Supervise and train others.
- Receive recognition for the work I do — Get a bonus or award.

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 _____

Education

Please check 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 Major	# of Hours	Total Semester/Quarter Hours
Location				Minor		
Name of School				Major		
Location				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		

Employment History

Please provide the following information for your past and current employers, assignments, and volunteer activities, starting with the most recent.

	Dates Employed	Work Performed
Employer	From	
Address	To	
Phone Number(s)	Hourly Rate or Salary	
Job Title	Starting \$	
Supervisor	Ending \$	
Reason for Leaving		Hours Worked per Week

	Dates Employed	Work Performed
Employer	From	
Address	To	
Phone Number(s)	Hourly Rate or Salary	
Job Title	Starting \$	
Supervisor	Ending \$	
Reason for Leaving		Hours Worked per Week

	Dates Employed	Work Performed
Employer	From	
Address	To	
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Job Title	Starting \$	
Supervisor	Ending \$	
Reason for Leaving		Hours Worked per Week

	Dates Employed	Work Performed
Employer	From	
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Job Title	Starting \$	
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Reason for Leaving		Hours Worked per Week