



RESEA CAREER ACTION PLAN (CAP)

Name: _____ Job Seeker ID #: _____

Barriers to Employment (Check all that apply):

- ☐ Lack of Marketable Skills
- ☐ Lack of Credentials, Certification, Licensing or Training
- ☐ Lack of Basic Education Skills
- ☐ Labor Market Discrimination
- ☐ Limited English
- ☐ Other: _____

Additional Items (select "I Have" or "I Need" for each item):

	<i>I HAVE</i>	<i>I NEED</i>
Resume	<input type="checkbox"/>	<input type="checkbox"/>
Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>
Interview Skills	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>
Social Media Skills	<input type="checkbox"/>	<input type="checkbox"/>

Primary occupation: _____ Secondary occupation: _____

Goals: Based on your answers above, list the goals you need to accomplish to meet your employment goal.

☐ Goal: _____ Target Date: _____ Completed: _____

☐ Goal: _____ Target Date: _____ Completed: _____

Mandatory Goals for RESEA customers:

- ☐ Register on JobQuest
- ☐ Resume
- ☐ Labor Market Research and Exploration
- ☐ Interim Service _____
- ☐ Work Search
- ☐ Complete (this) Career Action Plan Form (CAP)
- ☐ Future Career Center Service
- ☐ Acknowledges Section 30 and Trade Requirement

Target Date: _____ Completed: _____

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Target Date: _____ Completed: _____

Target Date: _____ Completed: _____

Target Date: _____ Completed: _____

Target Date: _____ Completed: _____

Target Date: _____ Completed: _____

☐ RESEA Review Appointment: **Your RESEA Review appointment is scheduled for:**

Date: _____ Career Center: _____ Staff Name: _____

RESEA customers **must complete all mandatory goals listed above
and bring all completed logs/forms to the RESEA Review**

Workshops: You are registered to attend the following workshop(s):

Workshop Name: _____ Date/Time: _____

Location: ☐ Career Center ☐ Other Location: _____

Workshop Name: _____ Date/Time: _____

Location: ☐ Career Center ☐ Other Location: _____

CLAIMANT STATEMENT: I have been informed about the **Training Opportunity Program (Section 30)**. I understand that I must apply for the Training Opportunity Program (Section 30) by the 20th payable week of my Unemployment Insurance payments to be eligible for Section 30 Unemployment benefits. I have also been informed about the Trade Program, my employer verified as TAA or not and advised of next steps (File Massachusetts *Form 1666*) and deadlines if company is certified.

I have assisted in developing this Career Action Plan by providing the information above. I agree to the level of cooperation and participation required for me to complete this plan, including completing all tasks and goals, attending assigned workshops, and meeting with Career Center staff. I am able, available, and actively seeking employment. I understand that failure to comply with this plan will result in a loss of my U.I. benefits.

Customer Signature: _____ Staff Signature: _____

Date: _____