RESEA Career Action Plan (CAP)

Name: _____ **Job Seeker ID Number:** _____

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 Have	I Need
Resume	☐	☐
Cover Letter	☐	☐
Interview Skills	☐	☐
Computer Skills	☐	☐
Social Media Skills	☐	☐

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 MassHire JobQuest	Target Date:	Completed:
☐ Resume	Target Date:	Completed:
☐ Labor Market Research and Exploration	Target Date:	Completed:
☐ Interim Service _____	Target Date:	Completed:
☐ Work Search	Target Date:	Completed:
☐ Complete (this) Career Action Plan Form (CAP)	Target Date:	Completed:
☐ Future Career Center Service	Target Date:	Completed:
☐ Acknowledges Section 30 and Trade Requirement	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 MA 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 Unemployment Insurance benefits.

Customer Signature: _____ **Staff Signature:** _____

Date: _____