



## 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 HAVE	I NEED
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 & 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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☐ RESEA Review Appointment: **Your RESEA Review appointment is scheduled for:**

Date: \_\_\_\_\_ Career Center: \_\_\_\_\_ Staff Name: \_\_\_\_\_

*\*RESEA customers **must** complete all mandatory goals listed above & 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 20<sup>th</sup> 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 U.I. benefits.

Customer Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_