

Career Assessment and Plan

This is not an application for employment. Employment specialists use this form to help candidates for employment, education, or self-employment assess their needs and track their progress. The candidate fills out the "Personal Information" section, and the employment specialist fills out the shaded area and the rest of the form during an interview with the candidate. After the first page is filled out, the candidate signs the form.

Personal Information

| | | | |
|--------------------------------------|-------|--|---|
| Name (last, first, middle) | | E-mail address | Name of interviewer |
| Street address | | Telephone (with area code) | Other telephone (with area code) |
| City, state or province, postal code | | Currently a Perpetual Education Fund student <input type="checkbox"/> Yes <input type="checkbox"/> No | Member of The Church of Jesus Christ of Latter-day Saints <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ward | Stake | Church leader <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stake presidency <input type="checkbox"/> Bishopric <input type="checkbox"/> Other: _____ | |

Name of candidate (last, first, middle)

Employment Needs Complete this section if the candidate is seeking help finding employment.

| | |
|--|--|
| Employment goals | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____ |
| Job titles or industries that the candidate is interested in (list in order of preference) 1. _____ 2. _____ 3. _____ | Desired salary range |

Education Needs Complete this section if the candidate is seeking help with education.

| | |
|--------------------------------------|---|
| Type of education or training sought | <input type="checkbox"/> Vocational training <input type="checkbox"/> Grants, loans, or scholarships <input type="checkbox"/> Information on schools, colleges, or universities |
|--------------------------------------|---|

Self-Employment Needs Complete this section if the candidate is seeking help with self-employment.

| | |
|--|---|
| Type of business the candidate has or wants to start (describe the product or service, years in business, and so on) | The candidate needs: <input type="checkbox"/> Access to small-business resources <input type="checkbox"/> Information on small-business principles <input type="checkbox"/> Help in developing a business plan <input type="checkbox"/> Funding |
|--|---|

1. _____
2. _____
3. _____
Categories of jobs that the candidate is qualified to do or is interested in

Work Record List most recent work experience first.

| | | | |
|---------|------------------|--|---------------|
| Company | Title and duties | Starting and ending dates From _____ to _____ | Ending salary |
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| Company | Title and duties | Starting and ending dates From _____ to _____ | Ending salary |
| Company | Title and duties | Starting and ending dates From _____ to _____ | Ending salary |

Education Information

| | | |
|-----------------------------------|--|-----------------|
| Name of high school | Diploma earned <input type="checkbox"/> Yes <input type="checkbox"/> No | Other education |
| Name of trade or technical school | Degree | Courses taken |
| Name of college or university | Degree | Courses taken |
| Name of graduate school | Degree | Courses taken |

Additional Skills, Qualifications, and Educational Background List any special abilities, specialties, computer skills, certifications, professional associations, and so on.

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|--|
| |
| |

Other

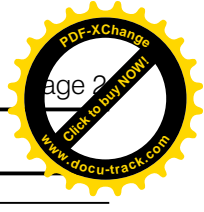
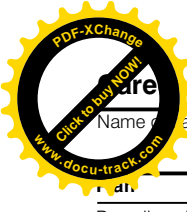
Language Skills

| | |
|----------------|--|
| First language | Other languages 1. _____ <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak 2. _____ <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak |
|----------------|--|

Signature

The information I have provided is true and correct. I consent that The Church of Jesus Christ of Latter-day Saints, its affiliates, and relevant third-party institutions, including those in countries whose data protection laws may be less stringent than those of my home country, may process my information for education, financial, or employment purposes. I understand that my information will be retained only so long as needed for these purposes and that local law may grant me certain rights with respect to my information.

| | |
|-----------------------|------|
| Candidate's signature | Date |
|-----------------------|------|



Assessment and Plan

Name of candidate (last, first, middle)

Date

Describe what the candidate is doing daily to achieve his or her employment, education, or self-employment goals.

Describe what has proven successful or unsuccessful in his or her efforts in the past.

Use the following table to list the actions the candidate will take to achieve his or her employment, education, or self-employment goals.

| Action | To be completed by (date) | Completed |
|--------|---------------------------|--|
| 1. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Contacts in the Candidate's Ward or Stake Please print.

| Name of bishop | Telephone (with area code) | Name of ward or stake employment specialist | Telephone (with area code) |
|----------------|----------------------------|---|----------------------------|
| | | | |

Additional Comments and Record of Follow-Up Include only comments relating to job skills and training (such as whether the candidate has prepared a résumé, filled out an application, learned interviewing skills, begun networking, and so on). Avoid all comments that may be perceived as discriminatory.

Workshop Attendance Discuss with the candidate the services that are available, and explain how attending a workshop and taking advantage of these services will increase his or her chances of achieving success more quickly. If the candidate is attending a workshop, indicate which one and the date completed.

| <input type="checkbox"/> The Career Workshop | Date completed | <input type="checkbox"/> Professional workshop | Date completed | <input type="checkbox"/> Self-employment workshop or seminar | Date completed | <input type="checkbox"/> Other workshop | Date completed |
|--|----------------|--|----------------|--|----------------|---|----------------|
| | | | | | | | |

Placement Information

Candidate was placed in a: Professional position (salaried, requiring a degree or multiple years of experience) Other

| Name of employer | Date | Name of school | Date | Self-employment | Date |
|---|------|--|------|---|------|
| | | | | | |
| | | | | | |
| | | | | | |
| <input type="checkbox"/> Perpetual Education Fund <input type="checkbox"/> Placed with an employer | | <input type="checkbox"/> Perpetual Education Fund <input type="checkbox"/> Placed in a school | | <input type="checkbox"/> Perpetual Education Fund <input type="checkbox"/> Self-employment | |