

**SESP
Employment Plan**

I. PARTICIPANT DATA

Name: SSN:

One Stop Center/Service Provider:

II. Target Population / Training area interested in

Target Population

- Female Incumbent Worker Vet/Eligible Spouse Low Income Unemployed
- High School Dropout Non-English Proficient Disabled
- Criminal Ex-Offender Dislocated Worker In need of updated training Impacted by Environmental Policy

Training Category Interest

- Wind Solar Biofuels Green Construction

Desired Occupation:

Training/Education Required:

Individual has the ability to complete training: Yes No

Training leads to a credential or certification: Yes No

There is a strong probability for employment opportunities after training completion? Yes No

Reason for selection of this training:

III. Training Service Strategy

Training Provider and Program:

IV. SUPPORTIVE SERVICES needed (check all that apply):

- Housing Family Care GED
 Transportation Referrals Other

Description of Services Offered :

V. PARTICIPANT UNDERSTANDING/SESP REPRESENTATIVE ATTESTATION

The information I have provided for the completion of this form is true and correct to the best of my knowledge. I understand and agree with the service strategy necessary to achieve my employment/training goal(s) and understand that my participation in a SESP program does not create an entitlement to services. I agree to follow through with this plan to the best of my ability and to cooperate with my case manager to achieve the goal(s) as listed herein.

Participant Signature

Date

SESP Staff Signature

Date