

Employment Planning Worksheet

Date available for work: _____

Three jobs I would like to apply for right away:

1. _____
2. _____
3. _____

Cities/locations I am willing to work in:

1. _____
2. _____

I want (check two):

☐ Permanent work ☐ Full-time work ☐ Temporary work ☐ Part-time work

Minimum acceptable pay: ____\$ per hour

Preferred Shifts:

☐ Days (1st shift) ☐ Evenings (2nd shift) ☐ Overnights (3rd Shift)

Benefits I must have:

☐ Health insurance

☐ Paid time off

☐ Life insurance

☐ Other: _____

Do I have a valid driver's license? ☐ Yes ☐ No

Do I have transportation to work? ☐ Yes ☐ No

If not, how will I get to and from work? _____

Physical limitations (as noted by doctor):

☐ Lifting restricted to pounds ☐ Limited sitting or standing

☐ Low noise level ☐ Wheelchair accessible

☐ Clean air (no dust or fumes) ☐ Other: _____

Cultural accommodations needed: _____

I want: ☐ Close Supervision ☐ Some Supervision ☐ Little Supervision ☐ To Supervise Others

I prefer to: ☐ Work alone ☐ Work with others