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