

# WRANGELL COOPERATIVE ASSOCIATION

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## JOB PLANNING/TRAINING PLAN

Applying for: <input type="checkbox"/> Job Placement <input type="checkbox"/> Training	Type of Job Desired:
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### EMPLOYMENT HISTORY (List three most recent)

Job Title	Dates of Employment	Employer Name	Employer Address and Phone Number

Reason for Leaving:

Job Title	Dates of Employment	Employer Name	Employer Address and Phone Number

Reason for Leaving:

Job Title	Dates of Employment	Employer Name	Employer Address and Phone Number

Reason for Leaving:

### COMPREHENSIVE JOB PLACEMENT/TRAINING PLAN (To be filled out by Job Placement Officer)

1. How was eligibility determined?
2. How was need established?
3. How was the particular career choice made and what process will be used to make the transition from unemployment, underemployment, or welfare dependency to that of self-sufficiency?

4. If client is TANF or GA eligible, how will those resources be incorporated?

5. Describe how training was determined necessary and the process that will be used to transition from completed training to meaningful employment. Include any support services incorporated into the plan as well as follow up services necessary to determine a successful placement.

Describe the comprehensive, integrated self-sufficiency plan: