

# State of Nevada Bureau of Vocational Rehabilitation

## Job Placement Plan

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Case ID#: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Contact Information:

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Rehabilitation Counselor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employment Specialist: \_\_\_\_\_

Employment Specialist Contact Information:

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contractor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Vocational Goal or Area of Focus:

General location (area of town, bus route etc.):

Type of Work:

- Full time  Part Time  Either
- Day Shift  Night Shift  Swing Shift  Any Shift

Special Considerations: \_\_\_\_\_

- Must have benefits  Benefits not required

Lowest Acceptable Wage: \$ \_\_\_\_\_ Desired Wage: \$ \_\_\_\_\_

Activities to avoid: \_\_\_\_\_  
\_\_\_\_\_

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### Job Developer Actions/Responsibilities:

Describe how the participant and Job Developer will work together; method of communication, how often, when, and where will you meet:

Discuss with the participant their skills, strengths, abilities, and achievements in relation to their employment goal:

Employment barriers, resources, and strategies to address (including criminal background and social security impacts):

Accommodations needed, if any (JAWS, Dragon, extra breaks, etc.) and how they will be addressed:

Transportation Plan (bus, own vehicle, need someone to transport):

Other limitations or impediments to employment (medication side effects, medical conditions, drug use, etc.):

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Describe networking organizations and activities you and/or the participant will utilize:

Describe how you will work with the participant to approach employers that hire for positions that match the participant's employment goal:

Number of employer contacts per week and initial list to contact:

Describe your plan for contacting employers in the participant's field of interest and advocating on behalf of the participant: Explain how the Job Developer and the participant will address disability disclosure to the employer, if applicable:

Explain how you will assist the participant in researching employers in preparation for completing applications or interviews:

List the number of job leads and times per week they will be provided to the participant:

List the number of times per week you will provide hands on assistance completing applications:

List the number of applications/resumes you will submit per week on behalf of the participant:

Describe how you will follow up with employers on previously submitted applications/resumes:

Describe how you will work with the employer and participant to set up informational interviews or phone calls:

Describe how you will assist the participant with preparation for interviews with specific employers:

Describe your plan for accompanying the participant to interviews:

Describe how you will contact employers after interviews to advocate for the participant:

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Initial plan for on the job support once employment is obtained:

### **Participant Responsibilities:**

*Please initial next to each of the following to acknowledge that you understand and accept each responsibility.*

- Show up on time to meet with Job Developer at specified place
- Inform Job Developer of employers and positions I would like the Job Developer to pursue on my behalf
- Inform Job Developer, in advance, of times I will not be available to submit applications or attend interviews (for example: if I am going out of town)
- Maintain constant contact with Job Developer, to provide and receive updates on job placement activities
- Check email, voicemail and texts daily for communication from Job Developer or employer and will respond in a timely manner
- Inform Job Developer, as soon as reasonably possible, when employers contact me directly
- Show up early, well-groomed and prepared for all interviews
- Send employers Thank You Notes after interviews
- Networking; ask family, friends and other people I know if they know of any jobs that would be good for me
- Maintain a log of places applied, dates applied, and employer contact information
- Will complete tasks assigned by Job Developer that pertain to my job search such as: researching employers, following up and completing applications, etc.
- Maintain appropriate behavior during all stages of job search and employment

Participant/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Developer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rehabilitation Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Job Placement Plan must be completed and submitted to BVR within seven business days after the Placement Plan Meeting. Please submit the completed form to the referring Vocational Rehabilitation Counselor