

Career Beacon Workshop



CAREER BEACON NAVIGATIONAL GUIDE

- TRAINING MUST BE IN DEMAND (INDICATED BY A BLUE ICON) on NJTOPPS.com.
- MAXIMUM TRAINING GRANT - \$5000 (\$8000 – LPN ONLY). AMOUNTS SUBJECT TO CHANGE.
- MAXIMUM LENGTH OF TRAINING – 1YR. (12 MONTHS) – NO LONGER.
- PAY ATTENTION TO TRAINING PREREQUISITES
- NO BLANK SPACES ON THESE ATTACHED FORMS - UNLESS COUNSELOR SAYS SO!



YOUR PLAN FOR SUCCESS:

- Discuss how you are able to address the following barriers to employment you may be facing below:

Family Care:

Transportation:

Room and Board:

CASAS Scores:

Employer Background Check Results:

Training Prerequisites (Diplomas, Physicals, Internet Availability):

The Industry Valued Credential (IVC) (“a recognized degree, diploma, certificate or certification awarded for an occupation”) I will earn after participating in the training program I have selected is:

Note: Find your IVC as follows: 1. Visit Google 2. Search for: NJ industry valued credential list 3. Select first search result 4. Look for the credential in the desired training field.

I will be expected to submit an **updated resume** to my Atlantic County One Stop Career Center Employment Specialist at the conclusion of my training program. Initial here: _____

_____ / _____ / _____

Your Name (Printed) / Your Signature / Date



Career Beacon

Self-Management Skills

Self-Evaluation Inventory

An important first step in deciding on a job goal is to understand yourself. Self-evaluation helps you determine what's important to you and your strengths. Think about and answer the following questions. Be honest with yourself.

Acquired skills

1. What skills have I learned in previous jobs that I can use in another position?

2. What did I like or dislike about my previous job?

3. What are the things I do best? Are they related to people, data, or things?

_____ related to _____
_____ related to _____
_____ related to _____

Education and Training

4. What knowledge or skills have I acquired through education or training?

5. Degrees, Certificates, I have received.

I. Interests, Talent, and Aptitudes

What are the things I enjoy doing?

Hobbies:

Leisure Time Activities:

Volunteer Work:

II. Physical Capacities

1. Do I have any physical limitations to consider before choosing a job?
(Seek work you can do rather than concentrating on a disability.)

2. Does my physical condition make it necessary to change my field of work?



III. Personal Traits

1. Have I determined what my positive personal traits and strong points are?

3. What kind of work environment is important to me?

IV. Social and Economic Factors

1. How long can I afford to be out of work?

2. Am I free to relocate?

3. Do I have significant others to consider?

4. Is further education or training a possibility?

Is Your Job Goal Realistic?

Job Goal:

Have you ever done this kind of work?

Yes _____ No _____

If Yes, answer these questions:

Where did you work?

How much experience do you have in this work?

List the tools, machines or equipment that you used.

What other kinds of tasks or training did you learn that helped you do the work?



If No, answer these questions:

Have you had special training or taken special courses which would help you in doing this job?

Do you have any hobbies that require the kinds of skill you will need for this job?

How have your other jobs prepared you for this one?

Have you ever taken tests that indicate you would do well at this type of work?

Have you ever done anything similar to this job?

Are you familiar with the skills and qualifications for this job?

Yes ____ No ____

Are these job skills in demand in your geographical area?

Yes ____ No ____



Atlantic County One Stop Career Center

2 South Main Street Pleasantville, NJ 08232 Tel # (609)485-0052

Job Openings Listed Online in _____

Training Field

Date: _____ Customer Name: _____

Employment Goal: _____

| | Name of Company | Location | Job Title and Wage per hour |
|----|-----------------|----------|-----------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

Please describe some of the duties and responsibilities of _____
Training Field

www.njtopps.com

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[Search by Occupation or Training Type](#) | [Search by Map or Zip](#) | [Advanced Search](#)

Search By Occupation or Training Type

To start your search please select an occupation or training type.

For In Demand Occupations training programs choose from Additional Search Criteria below.

Select Occupation

Select One

OR

Select From Related Programs

Select Major Area of Training

Optional Search Criteria

*Note by adding optional search criteria you may get more accurate search results

Enter your Zip Code:

Search within miles of this zip code.

Enter a Keyword or Provider Name:

search for

Additional Search Criteria

Return Only Programs for the Green Economy

Select Targeted Industries:

Return Only Programs for In Demand Occupations

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A product of New Jersey Department of Labor and Workforce Development and the State Employment & Training Commission in collaboration with the John J. Heldrich Center for Workforce Development at Rutgers University.



SCHOOL VISIT / CONTACT CHECKLIST

Each student must complete, sign, and date this form. Data must be obtained through your communication or visitation with the school or provider, but they are not to complete the form for you. You are required as part of your program sponsorship to visit and/or contact three (3) schools before making your final selection. Be sure to complete every section. As you explore training options within the Workforce Innovation and Opportunity Act Area (WIOA), assure that you explore all related fields and visit www.CareerConnections.nj.gov for further information to make a knowledgeable and educated choice. Counselors are not to make referrals or assist you when making final selections. This is your career decision.

Name of School: _____ Date of Contact _____

Web Site Address _____ Training Course _____

Phone # (____) _____ School Representative _____

Date of Visit by You: _____ Date of Phone Contact: _____

A. When is the next program start date? _____

B. When is the next program start date after that? _____

1. What is the daily class schedule? From _____ To _____ (a.m. or p.m.)

2. How long is the course? _____ Hours _____ Weeks _____ Credits _____ Months

3. Are there any prerequisites, skills or equipment needed before starting the course? ___yes ___no

If yes, describe: _____

4. What are the admission requirements? ___High School Diploma ___GED ___Other _____

5. Will the schedule change during the course? ___Yes ___No (day /evening /other)

If yes, when and what will the new schedule be? _____

6. Does the course have an internship or work-study program? ___Yes ___No If yes, how long does it last? _____

7. Is the equipment the same, or nearly the same, as the equipment you will use on the job?

_____ Same _____ Nearly the same _____ Different

8. Does the school have a lab, and will you be able to practice after classes? ___Yes ___No

9. Describe the school's placement assistance: (How do they help you to get a job?) _____



10. About how much homework or study after class is necessary each day?

None 1 Hour 2 Hours Other



11. How much does the program cost? \$ _____



12. Will you have to pay any money yourself? Yes No (If yes, is financial aid available?)

Pell Grant Stafford Loan Other Grant



13. How long has the school been in business? _____



14. How would you describe the appearance of the school?

Very good Good Okay Poor

Comments: _____



15. How would you describe the classrooms? Large Small Lots of space Crowded



16. How would you describe the labs? Large Small Lots of space Crowded



17. Approximately, how many miles / minutes is the school from your house? Miles Minutes



18. Is the school close to a bus route? Yes No / Route _____ Train Route / Yes No

Comments: _____



19. Does the school have accommodating parking? Yes No



20. What types of jobs have other students ended with and were the jobs training related?



Hourly and/or yearly wages for prior students: _____

Write down other comments about the school that you like:



Client Signature _____ Date _____





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TRAINING PROVIDER FINAL SELECTION FORM



TRAINING PROVIDER NAME / ADDRESS



1st Choice



Training Provider Name: _____



Training Provider Address: _____



Telephone #: _____ Federal ID (Staff) _____



Training Program: _____



Selection Justification: (Please specify and comment below why you selected the aforementioned training provider). Thank you for your anticipated cooperation.



CHECK AS APPROPRIATE:



_____ Proximity to my home



_____ Training duration coincides with UI benefits including ABT



_____ Frequency of training program starting dates



_____ Training course content meets my occupational skill needs



_____ Family care needs can be satisfied during training more easily



_____ Provider Placement Record _____ Other (please explain: _____)



I visited / contacted at a minimum two other training providers:



2nd Choice



Training Provider's Name: _____



Contact Person: _____



Telephone #: _____



Date of Visit / Contact _____



Time of Visit / Contact _____



Print YOUR Name _____ Your Signature _____ Date: _____



Employment Specialist's Comments / Signature: _____ Date : _____



Asst. Admin. Supervisor Signature: _____ Date: _____

