

BEST PRACTICES VIRGINIA CAREER PATHWAYS

CPID / WWRC: My Next Steps

Name:							
Address:							
Phone:		E			ail:		
Emergency F	Phone Numbe	er:					
DARS/DBVI	Counselor:						
Counselor En	nail:						
Counselors Phone Number:					Can I	text my counselor?	ΥN
I have scheduled my next appointment with my counselor at?							
Where will I be living after training?							
How will I get to work?							
Plans for Car/License/Permit							
Do I owe money or do I have outstanding bills that need to be							
addressed?	bilis triat riee	u to be					
Who are my supporters?							
I have scheduled an appointment for my doctor in my					Date:		
home area for medication continuation/counseling:							
I receive Social Security, insurance or other benefits. How							
will this be affected once I start working:							
If needed, I have talked or scheduled an appointment for benefits training?				or	Date:		
Do I have an outstanding bill/fee/lien that will affect me on the job?				e on			

These are 3 employers in my home area that I have or will be applying to:						
1. Name:						
How do I apply?						
2. Name:						
How do I apply?						
3. Name						
How do I apply?						
What do I need Help with?						
Interviews?		Yes	or	No		
Applications?		Yes	or	No		
Interview Outfit?		Yes	or	No		
Clothes for work?		Yes	or	No		
Transportation?			or	No		
Establish a Bank Account?			or	No		
How to use my Bank Account?			or	No		
Other expenses?			or	No		
Need help with anything else not listed?			or	No		

Explain here:

My Certifications: Career Read		diness Certificate – (level), OSHA 10,				
	Future Dates	af tasting.				
	Future Dates	or testing:				
Things that others nee about me?	ed to know					
What are my career go Manufacturing?	oals in					
My References						
1.			Phone:			
2.			Phone:			
3.			Phone:			

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