



RESEA ASSESSMENT / CAREER ACTION PLAN (A/CAP)

This assessment form is designed to help you meet your requirements as part of receiving Unemployment Insurance (UI) benefits administered through the Department of Unemployment Assistance (DUA). This form will be completed and signed prior to leaving the orientation. Failure to meet all goals set forth in this form will result in a full or partial loss of your UI benefits.

Name _____

Last 4 digits of Job Seeker ID# _____

<p>Barriers to Employment. (Check all that apply):</p> <p><input type="checkbox"/> Lack of Marketable Skills</p> <p><input type="checkbox"/> Lack of Credentials, Certification, Licensing or Training</p> <p><input type="checkbox"/> Lack of Basic Education Skills</p> <p><input type="checkbox"/> Labor Market Discrimination</p> <p><input type="checkbox"/> Limited English</p> <p><input type="checkbox"/> Other: _____</p>	<p>Additional Items. (Select "I Have" or "I Need" for each item):</p> <table> <thead> <tr> <th></th> <th>I HAVE</th> <th>I NEED</th> </tr> </thead> <tbody> <tr> <td>Resume</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cover Letter</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Interview Skills</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Computer Skills</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		I HAVE	I NEED	Resume	<input type="checkbox"/>	<input type="checkbox"/>	Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>	Interview Skills	<input type="checkbox"/>	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>
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Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>														

Labor Market Research (LMI). You are required to conduct labor market research for your primary occupation using the tools provided for you on your Labor Market Research Worksheet. Please fill in the following information on your occupation(s). During your RESEA Review meeting, you will provide the completed Labor Market Information Worksheet that was emailed to you.

Primary occupation: _____

JOB QUEST. You are required to register in the Job Quest website: www.mass.gov/JobQuest

MANDATORY RESEA Review Appointment. You are required to participate in a RESEA review of your goal activity. We will provide you the date and time of required review, based on RESEA deadline. You will have a choice of a Virtual Review or an In-Person Review.

Virtual RESEA Review is scheduled for: (Day/Date) _____ AM (8:30 – 11:30) PM (1:15 – 4:00)

(Note: a RESEA Specialist will call you during the times highlighted above)

Email the following forms to: virtualccs@masshiremvc.com

* Subject line of email should be your **Last Name, Initial of First Name, last 4 digits of Job Seeker ID#.**

- | | |
|---|---|
| <input type="checkbox"/> This Assessment/Career Action Plan Form (A/CAP) | <input type="checkbox"/> Resume |
| <input type="checkbox"/> Completed Labor Market Research Worksheet | <input type="checkbox"/> Completed Individual Needs Assessment (INA) Form |
| <input type="checkbox"/> RESEA UI Eligibility Assessment Questionnaire Part 2 | |
| <input type="checkbox"/> Completed Work Search Logs for each week you requested Unemployment Benefits | |

In-Person RESEA Review is scheduled for: (Day/Date) _____ AM (8:30 – 11:00) PM (1:15 – 3:00)

Location: MassHire Merrimack Valley Career Center, 420 Common Street, Lawrence, MA 01840

NOTE: YOU MUST SIGN IN BETWEEN THE TIMEFRAME CHECKED ABOVE

Bring the following forms to you your review:

- | | |
|---|---|
| <input type="checkbox"/> This Assessment/Career Action Plan Form (A/CAP) | <input type="checkbox"/> Resume |
| <input type="checkbox"/> Completed Labor Market Research Worksheet (OR TORQ Report/Plan) | <input type="checkbox"/> Completed Individual Needs Assessment (INA) Form |
| <input type="checkbox"/> RESEA UI Eligibility Assessment Questionnaire Part 2 | |
| <input type="checkbox"/> Completed Work Search Logs for each week you requested Unemployment Benefits | |

CLAIMANT STATEMENT: I have assisted in developing this A/CAP by providing the information above. I agree to the level of cooperation and participation required for me to complete this plan, including completing all tasks and goals, attending assigned workshops, and meeting with Career Center staff. I am able, available, and actively seeking employment and maintaining work search logs as required by DUA. I understand that failure to comply with this plan will result in a loss of my unemployment benefits.

I have been informed about the Training Opportunity Program (Section 30) and understand that I must apply for the Training Opportunity Program (Section 30) by the 20th payable week of my Unemployment Insurance payments to be eligible for Section 30 Unemployment benefits.

Customer Signature: _____ Date: _____ Staff Signature: _____

STAFF USE ONLY: