




Career Beacon Workshop



CAREER BEACON NAVIGATIONAL GUIDE

- TRAINING MUST BE **"IN DEMAND"**  In Demand (INDICATED BY AN ORANGE ICON) on <https://training.njcareers.org/search>
- MAXIMUM TRAINING GRANT UP TO \$5000 (\$6000 – CDL ONLY) (\$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 will 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?

2. I believe the most important factor (s) in choosing a job is (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: (Name of Job/Position)






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			
13			
14			

Please describe some of the duties and responsibilities of _____

Training Field

To search for Training Programs and Schools/Providers go to
<https://training.njcareers.org/search>

Training Explorer

Home Find Training In-Demand Occupations Tuition Assistance FAQ Training Provider Resources Career Services

Find Training

Search for training courses

Search

Clear Filters

Miles from Zip Code

10 from Zip Code

Filter by County

Show In-Demand Trainings Only

Cost

Max Cost

Class Format

In-Person

Online

Time to Complete

Days

Weeks

Months

Years

Filter by Provider Services

Wheelchair accessible

Childcare assistance

Offers evening courses

Job placement assistance

Filter by Languages

Arabic Chinese

French Creole

Show more

Filter by CIP Code

e.g. 011102

Filter by SOC Code

e.g. 43-9041

What is the Training Explorer?

The Training Explorer is a comprehensive listing of all schools and organizations offering education and job training that may be eligible to receive funding assistance.

What Can I Search for?

Here are some examples that may improve your search results:

Training Providers: If you're searching for a training provider, try using only the provider's name and exclude words like "university" or "college".

Occupations: If you're looking for training for a job, you can type the job directly into the search box.

License: If you know the name of the license you're training for, use the acronym to see more results. For example, for the commercial driving license, try searching for "CDL".



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 <https://nj.gov/labor/career-services/> 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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Client Signature _____ Date _____





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

3rd Choice



Training Provider's Name: _____ Training Provider's Name: _____



Contact Person: _____ Contact Person: _____



Telephone #: _____ Telephone #: _____



Date of Visit / Contact _____ Date of Visit / Contact _____



Time of Visit / Contact _____ Time of Visit / Contact _____



Print YOUR Name _____ Your Signature _____ Date: _____



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



Asst. Admin. Supervisor Signature: _____ Date: _____

