

IMAGINE LIFE

A plan for building individual confidence in a competitive world.

IMAGINE WORKS



IMAGINE LIFE

A plan for building individual confidence in a competitive world!

The staff of Imagine Works invites you to use this workbook as a guide to learning about your own ideas for future employment, raising your children and building a home life. This is a work in Progress, and there are no deadlines but your own. Please feel free to skip about, ask questions, or leave blanks where you do not know the information. This information builds the cornerstone for our commitment to assist you to find, get and keep employment of your choice.

The Imagine Works Team:

Imagine Works is a division of Imagine Enterprises, a non-profit, creating community where people are valued, knowledge is shared and technology is applied.

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INTRODUCTION: Who Am I?

It only takes one person to change your life – YOU

-Ruth Casey

I was born: _____

I went to school: _____

Churches, groups or clubs that I have been a member of: _____

The people that are most important to me are: _____

With my family and friends I am known as: _____

The things that I treasure are: _____

The things that annoy me most are: _____

I get my inspiration (motivation) from: _____

For fun I: _____

As a child I always wanted to be: _____

The things I enjoy most about myself are: _____

I take care of myself by: _____

I show respect for myself by: _____

The things that I admire most about myself are: _____

What do your responses have in common? _____

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WHAT I HAVE: Solutions/Options

You gain strength, courage and confidence by every experience in which you really stop to look fear in the face . . . you must do the thing you cannot do.

- Eleanor Roosevelt

Can I take care of myself, if I choose not to work? _____

Am I working for a living? Or living to work? _____

How I find perspective and deal with life's challenges and those pesky day to day difficulties: _____

My problems that can be turned into opportunities are: _____

Do I know how much money I need to make in my lifetime to be able to live comfortably? _____

Is my money connected to my dreams? _____

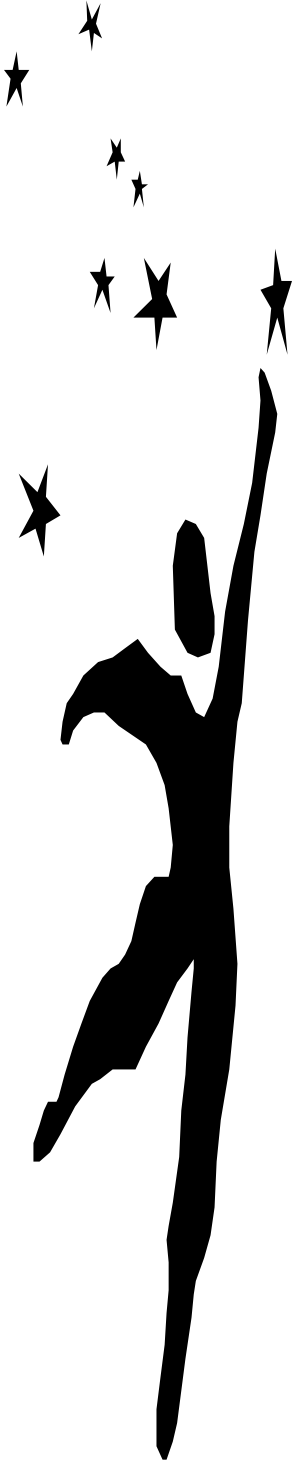
Am I financially able to make my dreams come true? _____

Which character traits of yours are the most helpful to you in getting along with your friends, family and co-workers? _____

Which character traits cause you the most difficulty in these same relationships? _____

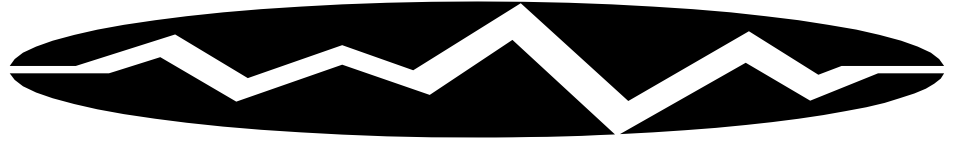
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YOUR LIFE LINE

If you cannot get rid of the family skeleton, you may as well make it dance.
- George Bernard Shaw



Personal

Family

Work

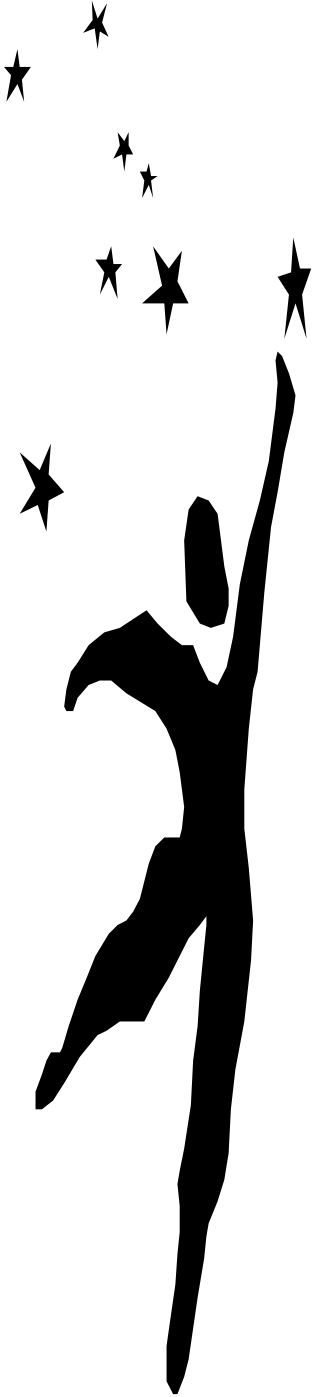
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YOUR DREAMS

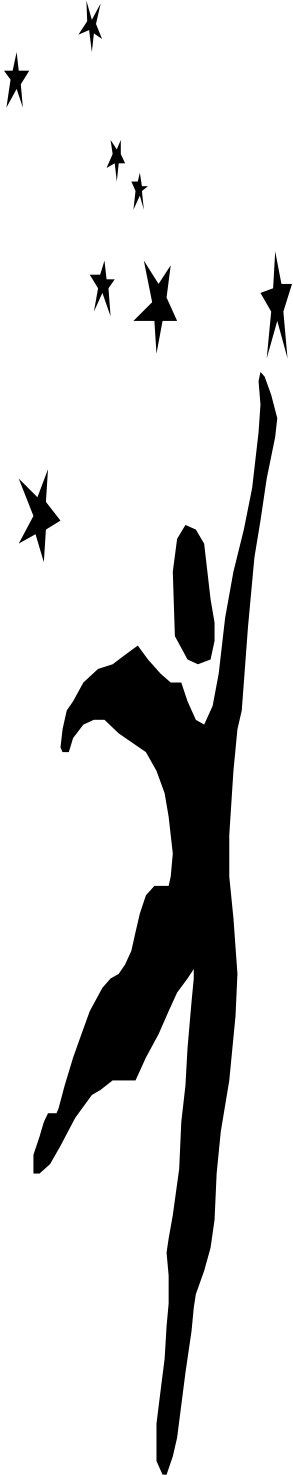
It takes a lot of courage to show your dreams to someone else.

- Erma Bombeck



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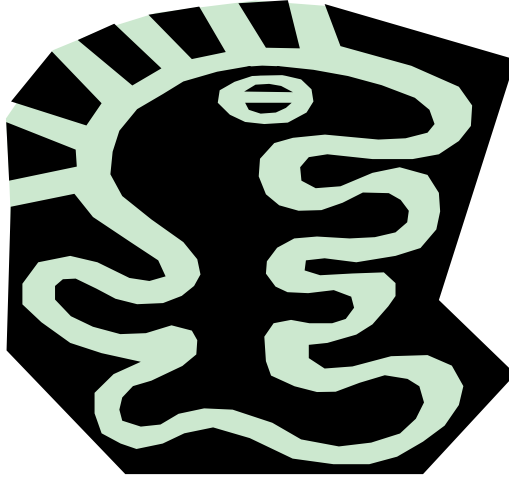
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THE NIGHTMARE

Pain is inevitable, suffering is optional.

- Kathleen Casey Theisen



Have you faced your nightmare so that it does not interfere with your dreams?

Which question do you wish you were not asked in an interview?

How have you learned to let go of bad feelings from the past?

How have you resolved unpleasant events from the past?

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MY CHOICES: What I Need

Destiny is not a matter of chance, it is a matter of choice; it is not a thing to be waited for, it is a thing to be achieved.

-William Jennings Bryan

Am I in control of my life?

Yes, because _____

No, because _____

How can I create the best life for myself? _____

Three things that would be of benefit to me today:

1. _____

2. _____

3. _____

My Beliefs about myself are -

| The best of me: | The worst of me: |
|-----------------|------------------|
| | |
| | |
| | |
| | |

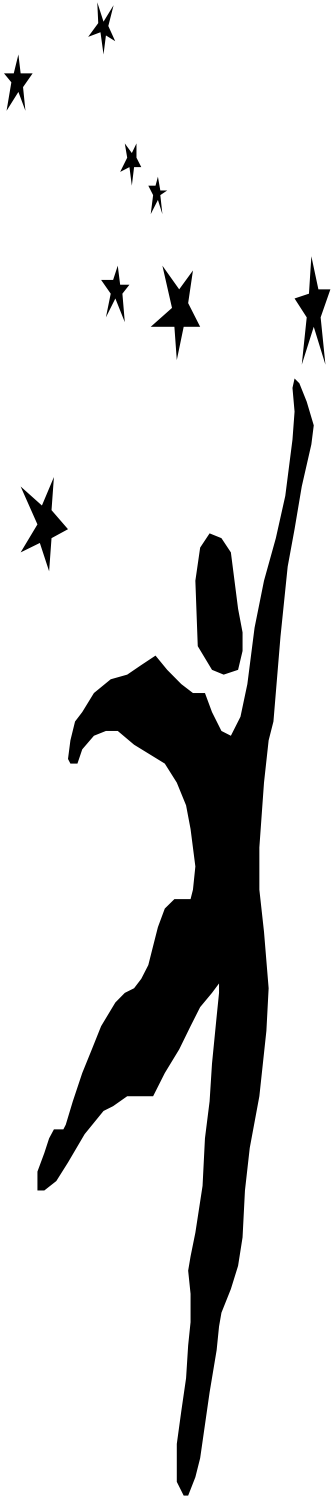
How can I accent the positives in my life? _____

How are your choices made based on beliefs in yourself? _____

What baggage do I choose to leave behind? _____

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PEOPLE WHO SURROUND ME: Children and Family

The power of we is stronger than the power of me.

- Red Holzman

MY CHILDREN

TODAY

TOMORROW

| | |
|---|---|
| What I like most about with my child is: | When he or she grows up, my child will be: |
| What we do together – what brings me joy: | If I could change one thing about me and my child. It would be: |

GROWN UPS

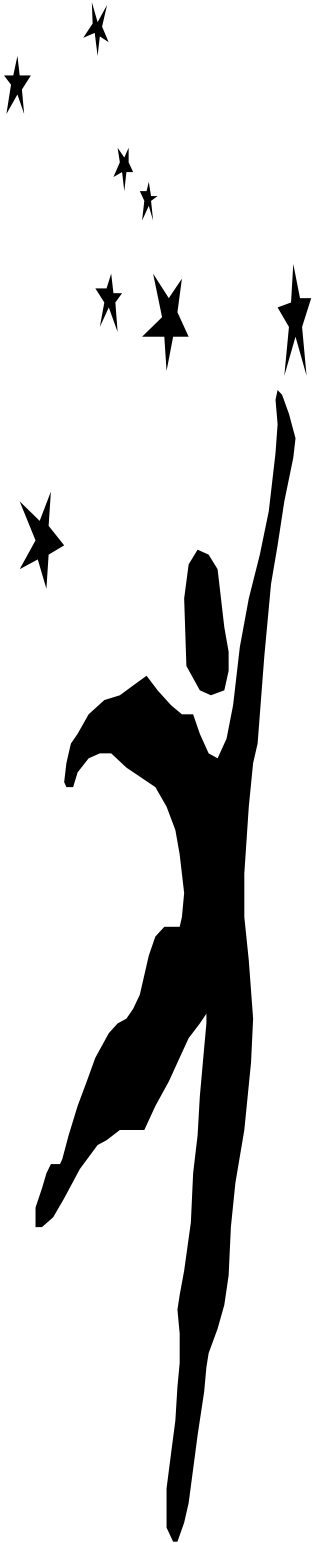
| | |
|-----------------------------|---|
| My closest adult family is: | We share: |
| Best family adventure: | If I could change one thing, it would be: |

I admire: _____

Because: _____

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PEOPLE WHO SURROUND ME: Friends and Community

Keep your promises to yourself.

- David Harold Fink

Outside of my family, I can count on: _____

My friends help me: _____

I help my friends by: _____

More about my friends: _____

I use the following resources in my community: _____

I find this resource the most helpful and why: _____

Where do you find your spiritual support? _____

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CAREER SEARCH

There is only one success – To be able to spend your life in your own way.

-Christopher Morley

I am currently working at:

Company _____

Supervisor _____

Wage _____

Benefits _____

What I do _____

I found this job by: _____

I want to keep this job: yes ___ no ___

I would like some assistance to help keep this job. The things I need are: _____

Do I need a job, or want a career change? _____

What kind of job: _____

Why? _____

A perfect workday for me looks like: _____

A typical workday for me looks like: _____

My favorite type of work in the past 10 years was: _____

I can commit _____ hours a week to a career search.

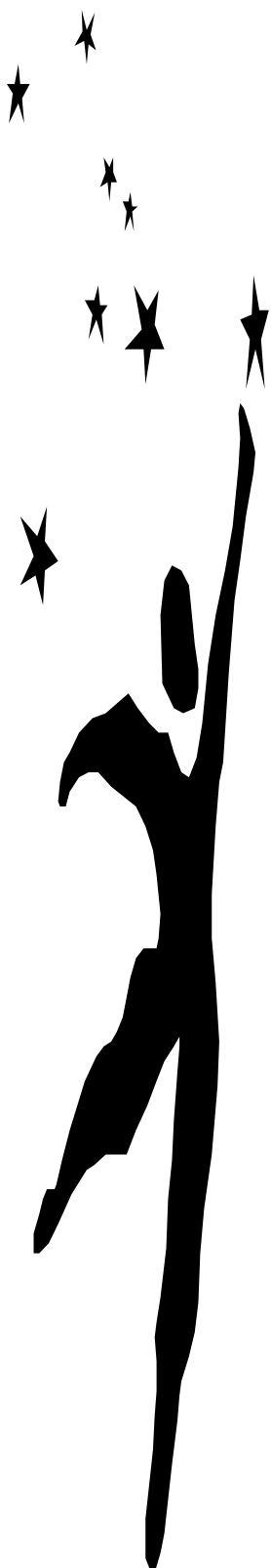
My transportation to work: _____

Describe your ideal supervisor: _____

Describe your ideal co-worker: _____

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Planning: Health

Continuous effort - - Not strength or intelligence - - Is the key to unlocking our potential.

-Liane Cordes

My Health: _____

What I do to stay healthy: _____

What I expect my health will be in 5 years: _____

Spouse and/or other adults in the household: _____

Names/ Ages/ Health Needs

My Children:

Names/ Ages/ Health Needs

Names/ Ages/ Health Needs

Names/ Ages/ Health Needs

Medical Insurance

(circle any that apply to you):

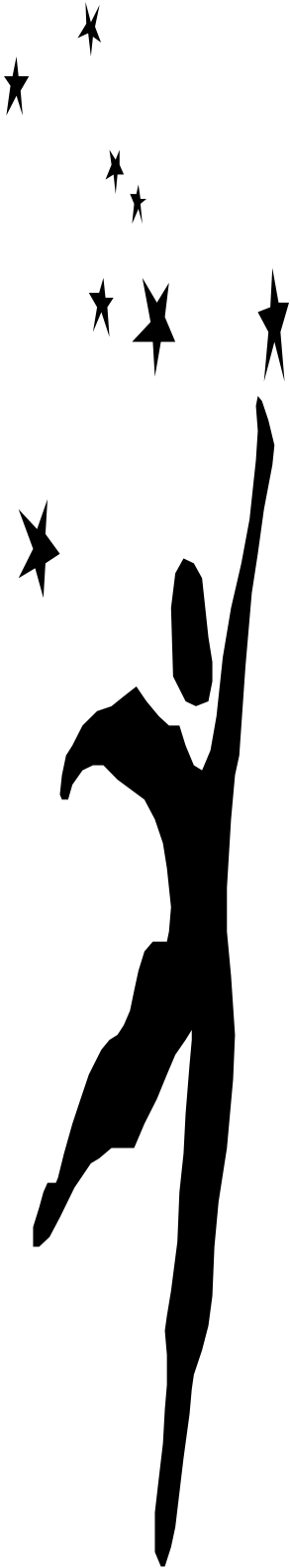
| | | | | |
|----------|--------------|---------------|-------------------|------|
| Myself | Self Insured | Employer Ins. | Medicare/Medicaid | None |
| Spouse | Self Insured | Employer Ins. | Medicare/Medicaid | None |
| Children | Self Insured | Employer Ins. | Medicare/Medicaid | None |
| Other | Self Insured | Employer Ins. | Medicare/Medicaid | None |

The biggest health problem I see in the future is: _____

In my job, I have these health considerations: _____

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Planning: Education

And if not now, when?

- Talmud

Describe your most positive educational experience.

School: _____

Conference: _____

Club or Organizations: _____

Church: _____

Family or Friends: _____

Other: _____

Why was this experience pleasant? _____

Do you have an educational goal right now? Yes No

What is your goal: _____

What do you need to help you reach your goal: _____

Education Planning for My Children

My child or children will graduate from high school in: _____

What I hope my child or children will be able to do after they graduate from High School: _____

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Planning: Finances

If you would like to set up a monthly budget and savings plan, staff will assist you to identify areas and find community resources. However, if you are not interested in this assistance, please do not feel obligated to complete this page.

Monthly Household Expenses:

| | Monthly cost: | Subsidized and Source |
|------------------------------|-----------------|-----------------------|
| Housing: | \$ _____ | \$ _____ |
| Car or other Transportation: | \$ _____ | \$ _____ |
| Utilities: | \$ _____ | \$ _____ |
| Medical: | \$ _____ | \$ _____ |
| Food and Household expenses: | \$ _____ | \$ _____ |
| Clothing and Shoes | \$ _____ | \$ _____ |
| Child Care | \$ _____ | \$ _____ |
| Other expenses | \$ _____ | \$ _____ |
| TOTAL MONTHLY EXPENSE | \$ _____ | \$ _____ |

Monthly Household Income (does not include subsidies from above):

| | | |
|-------------------------|----------|---------------|
| Income | \$ _____ | Source: _____ |
| | \$ _____ | Source: _____ |
| Total household income: | \$ _____ | |

Are monthly expenses covered by your income? _____

Do you regularly use a bank? Yes ___ No ___ Checking Account ___ Savings Account ___

Do you use a credit card? Yes ___ No ___ If so, do you currently owe debt? _____

What are your financial goals for the future? Check anyone that applies and provide additional information to describe how much the cost will be.

- _____ Meeting monthly expenses _____
- _____ Increase savings _____
- _____ Build a retirement account _____
- _____ Purchase significant items such as a car or house _____
- _____ Education fund for myself or others _____
- _____ Other _____

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CAREER QUESTIONNAIRE

Please answer the following questions about yourself. Your answers will be used to find careers that match your interests and abilities. You may skip any questions that do not concern you.

Temperaments

| Please indicate how you feel about work situations that involve the following: | Dislike and avoid | Dislike, but do not avoid | No preference | Like, but do not seek | Like and seek |
|--|-------------------|---------------------------|---------------|-----------------------|---------------|
| 1. Organizing and activity | | | | | |
| 2. Paying attention to detail | | | | | |
| 3. Working closely with others | | | | | |
| 4. Expressing your feelings | | | | | |
| 5. Persuading other people | | | | | |
| 6. Performing the same task over and over again | | | | | |
| 7. Influencing other's opinions | | | | | |
| 8. Performing a variety of tasks | | | | | |
| 9. Taking risks | | | | | |
| 10. Supervising how things work | | | | | |
| 11. Making decisions | | | | | |
| 12. Understanding other people's feelings | | | | | |
| 13. Doing different activities | | | | | |
| 14. Following a routine | | | | | |
| 15. Performing under stress | | | | | |
| 16. Communicating your opinion | | | | | |
| 17. Making judgements | | | | | |
| 18. Completing a task according to a specific formula | | | | | |

Abilities

| Please rate yourself on the following: | Low | Below Average | Average | Above Average | High |
|--|-----|---------------|---------|---------------|------|
| 19. Your ability to learn new skills | | | | | |
| 20. Your ability to understand oral or written language | | | | | |
| 21. Your ability to perform arithmetic operations quickly and accurately | | | | | |

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| | | | | | |
|---|--|--|--|--|--|
| 22. Your ability to interpret maps and diagrams and visualize objects based on plans | | | | | |
| 23. Your ability to see differences in shape, shade and pattern when examining or comparing objects | | | | | |
| 24. Your ability to proofread, file, record and read charts or schedules – your attention to detail | | | | | |
| 25. Your ability to recognize subtle differences in color | | | | | |

Working Conditions

26. Please indicate the work setting you would most prefer. Select all choices you would be willing to accept.
- Primarily indoors
 - Occasionally outdoors
 - Primarily outdoors
27. How much do you like working with your hands? Indicate your HIGHEST preference.
- I would prefer not to work with my hands
 - I don't mind working with my hands
 - I like working with my hands
28. How physically demanding can the job be? Indicate the HIGHEST level you would accept.
- Not physically demanding (mainly sitting)
 - Mildly demanding (standing and walking)
 - Very physically demanding (strenuous work)
29. How noisy can the environment be? Indicate the HIGHEST noise level you would accept.
- Quiet (no louder than an average office environment)
 - Moderate (noisy restaurant, heavy traffic)
 - Loud (jet engines, jack hammer work)
30. Would you be willing to consider a "hazardous" line of work? One that might repair that you use or are exposed to moving mechanical parts, electrical shock, high places, chemicals, noxious fumes, etc.?
- Yes, I'd be willing to consider these jobs
 - No, I do not want to consider hazardous jobs

Education

31. What level of education do you expect to complete?
- HS diploma
 - HS diploma and formal apprenticeship program
 - Associate (2 year) degree
 - Bachelor's (4 year degree)
 - Graduate level degree

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Interest Areas

32. Please indicate your interest area(s). Mark each item that appeals to you.
- | | |
|--|--|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Plants & Animals | <input type="checkbox"/> Policeman/Fireman |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Architect |
| <input type="checkbox"/> Teacher/Counselor | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Food Services | |

Salary Requirements

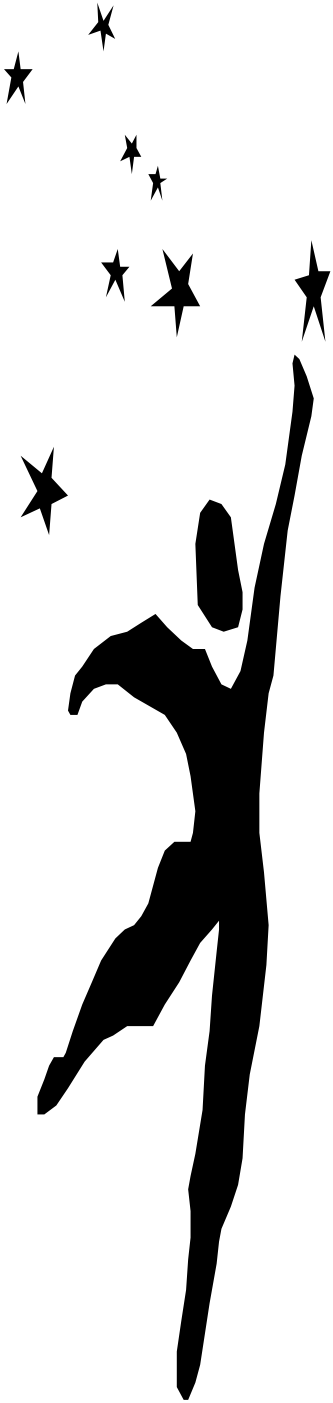
33. How concerned are you with a job's salary level?
- Other attributes are more important to me than salary
 - Salary level is one of my concerns
 - Having a high salary is very important to me

Employment Outlook (future demand for job)

34. How concerned are you with a job's employment outlook?
- Other factors, such as how the job matches my skills/interests, are more important to me than employment outlook.
 - Employment outlook is one of my concerns. Consider all careers except those with poor employment outlook (shrinking demand)
 - I only want to consider careers with good employment outlook (growth demand)

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MY GOALS: Six Weeks From Now

... I was taught that the way of progress is neither swift nor easy.
- Madame Curie

WORK _____

PERSONAL _____

HOUSING _____

TRANSPORTATION _____

HEALTH _____

CHILDCARE _____

EDUCATION _____

RELATIONSHIPS _____

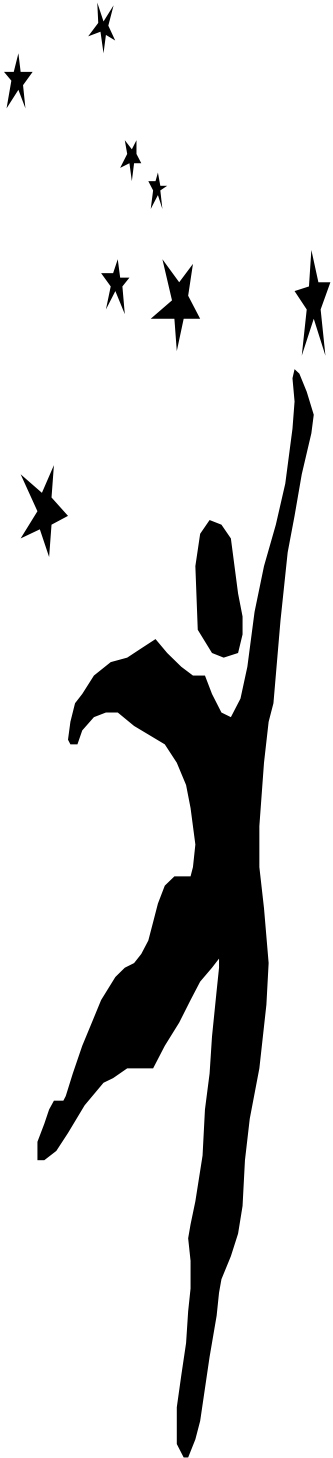
CAREER _____

FINANCIAL _____

OTHER _____

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MY GOALS: Three Months From Now

Life can only be understood backwards, but it must be lived forward.

-Soren Kierkegaard

WORK _____

PERSONAL _____

HOUSING _____

TRANSPORTAION _____

HEALTH _____

CHILDCARE _____

EDUCATION _____

RELATIONSHIPS _____

CAREER _____

FINANCIAL _____

OTHER _____

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MY GOALS: One Year From Now

It is never too late to be what you might have been.

- George Elliot

WORK _____

PERSONAL _____

HOUSING _____

TRANSPORTATION _____

HEALTH _____

CHILDCARE _____

EDUCATION _____

RELATIONSHIPS _____

CAREER _____

FINANCIAL _____

OTHER _____

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DAILY FOCUS WORKSHEET

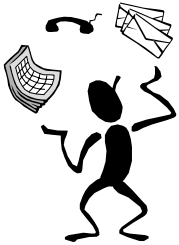
KNOW – What is important?



FEEL – What does it feel like in my heart?



USE – What tools and supports do I need?



DO – What actions do I take?



SUCCEED – How will I know when I succeed?

