

Career Center Registration

* Please Print Clearly * Date: _____

Customer Data

Social Security # _____ OR NY# _____
 (found in top right corner of appointment letter)

Last name _____ First name _____ M.I. _____
 Birth date ____/____/____ Gender Male Female

Street address _____ Apt. # _____
 City _____ State _____ Zip Code (+4 not required) _____ - _____
 Home Phone (____) _____ - _____ Cell phone (____) _____ - _____

E-Mail address _____

Best contact method? E-mail Cell phone Home phone Mail (Postal) Other: _____

Are you a US Citizen? Yes No If not, are you authorized to work in the United States? Yes No

Do you have a **High School Diploma?** Yes **or High School Equivalency?** Yes **If neither, highest grade completed?** _____

Do you have **limited English skills?** Yes No. If "Yes," what is your Primary Language? _____

Note: The Ethnicity and Race question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and Affirmative Action requirements.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (Check all that apply)
 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander

Additional Information: Program Eligibility

Are you or any member of your family receiving any **Public Assistance?** Examples are food stamps/SNAP, cash benefits, SSI, Safety Net, Temporary Assistance to Needy Families (TANF), HEAP, and Medicaid etc. Yes No

If you answered yes, list the Public Assistance you are receiving. _____

Do you have a Disability? Yes No

Note: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

Are you a Migrant/Seasonal Worker? Yes No If yes check one of the following:
 Migrant Farm Worker Migrant Food Processor Seasonal Farm Worker

Did you serve in the **Military?** Yes No If yes, date of active service: From _____ to _____
 Branch of service _____

Additional Information: Employment Preferences

Which kinds of jobs are acceptable? Work Week: Duration: (length of employment)

Full-time (30 hrs. per week or more) Regular (More than 150 days)

Part-time (Less than 30 hrs. per week) Temporary (3 days or fewer)

Any Regular or Temporary (4-150 days)

Minimum acceptable wage required \$ _____ per Hour Day Week Month Year

Which shift(s) are you willing to work? Check all that apply. First (A shift that begins in the morning) Second (A shift that begins in the afternoon/early evening) Third (A shift that begins at night) Split Rotating Any

Date available to begin a new job? ____/____/____

Trade Adjustment Assistance (TAA)

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for **Trade Adjustment Assistance?** Yes No

If Yes, TAA petition #: _____ If No, were you separated from your employment due to foreign trade? Yes No

Objective & Work History

Employment objective/kind of work wanted? Job title(s) _____

Are you willing to travel 5 10 25 50 100 miles from Zip code _____

List the last two employers for whom you worked. Enter the most recent employment first. Complete all required items for each employer. Include as much detail as possible to improve our chances of helping you find work.

Job title _____ **Employer** _____

Address _____

City _____ State _____ Country, if not US _____

How many hours per week did you work? _____ Start date (mo./yr.) ___ / ___ / ___ End date (mo./yr.) ___ / ___ / ___

Wage \$ _____ per hour/day/week/month/year/other _____

Reason for leaving _____

Job duties _____

Job title _____ **Employer** _____

Address _____

City _____ State _____ Country, if not US _____

How many hours per week did you work? _____ Start date (mo./yr.) ___ / ___ / ___ End date (mo./yr.) ___ / ___ / ___

Wage \$ _____ per hour/day/week/month/year/other _____

Reason for leaving _____

Job duties _____

Education, Certificates, Licenses

Do you have **reliable transportation** to and from work? Yes No

Do you have a **driver license**? Yes No Issuing state _____

What type of license do you have? Class A (Tractor Trailer) Class B (Truck/Bus) Class C (Light Truck Com'l.)
 Class Cn (C-non-CDL) Class D (Operators) Class E (Taxi) Class M (Motorcycle)

Endorsements: Passenger Transport Hazardous Materials Tank Vehicles Motorcycle
 School Bus Doubles/Triples Tank Hazard Air Brakes

Do you have an **occupational certificate or license**? Yes No

Certificate/License _____ Issuing organization or locality _____

Issue date: (mo. /yr.) ___ / ___ / ___ State _____ Country _____

Are you attending a secondary, vocational, technical or academic **school**? Yes No

If you are between terms, do you intend to return to school? Yes No

Do you have an **advanced degree**, diploma or educational certificate? Yes No

Course of Study _____ Degree _____ Date completed (mo./yr.) ___ / ___ / ___

Issuing institution _____ State _____ Country _____

Additional degree, diploma or educational certificate:

Course of study _____ Degree _____ Date completed (mo./yr.) ___ / ___ / ___

Issuing institution _____ State _____ Country _____

Skills & Qualifications

Job skills: List at least one skill not already checked on the Job Matching skills sheet. Include skills and abilities that you used in your job(s) or learned through school or training. Examples are laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, foreign languages or computer assisted design. _____

Qualifications: List qualities or accomplishments related to your employment objective: _____

Auxiliary aids and services are available upon request to individuals with disabilities.

Check here to indicate that you have been made aware of the provisions of the "Equal Opportunity is the Law" notice.