

OJT - Customer Information

Name _____ Soc Sec No. _____

E-Mail address _____

Address _____

Street

Apt. #

NY 14

Phone No. _____

City

Zip

Check this box if you are currently homeless (*lacking a regular, adequate nighttime residence*)

Date of Birth _____

Have you registered for Selective Service? (for males born after January 1, 1960) Yes No Are you a Veteran? Yes No

Have you received training funds from any source within the past three years? Yes No

Are you currently working? Yes No **If Yes: Hours/Week** _____ **Hourly Rate \$** _____

Where was your most recent place of employment? _____

Job Title _____ From _____ to _____

Were you laid off? Yes No Was it due to a closure of your company or facility? Yes No

Do you expect to be called back? Yes No

Are you eligible for or receiving Unemployment Insurance? Yes No

• **Original Unemployment Insurance claim began on** _____ (month) _____ (year)

Have you exhausted your Unemployment Insurance? Yes No

Does any member of your household, including yourself, receive any of the following? No Yes, check service(s) below...

_____ Public Assistance (TANF OR SN) _____ Food Stamps _____ Medicaid

_____ Home Energy Assistance Program (HEAP) _____ Supplemental Security (SSI)

Have you been providing unpaid services to family members in the home, and have you been dependent on the income of another family member, but are no longer supported by that income? Yes No

Is your native language a language **other than** English? Yes No If Yes, please indicate your native language: _____

• Do you have difficulty speaking, reading, writing or understanding English? Yes No

Are you a single parent? Yes No

Are you an offender? (*been subject to any stage of the criminal process for committing a status offense or have a record of arrest or conviction for committing delinquent acts*) Yes No

Please describe why you are interested in On-the-Job-Training: _____

Do you have prior experience or training in this field? _____

I have my resume with me today Yes No **If not, please e-mail to Bonnie.Rice@niagaracounty.com**

I certify that the information stated above is true and correct to the best of my knowledge and has been provided without any intent to defraud. All information is kept confidential and nothing on this and/or the OSOS forms should be viewed as expressing directly or indirectly any discrimination as to age, race, religion, color, national origin, sex, disability, marital status, or criminal record. I acknowledge that I may have to provide documentation to verify information stated here and on OSOS forms. If applicable, I give the WorkSourceOne One Stop Center and Niagara County Employment and Training Department permission to verify my Selective Service Registration ; OJT eligibility with a perspective employer; and/or if applicable with Niagara County Department of Social Services my case number, cash and/or food stamp amounts, opening date, address, date of birth, etc. as contained in my file.

Signature _____ Date _____

Equal Opportunity employer/program and auxiliary aids and services are available upon request to individuals with disabilities