NEW YORK STATE | Department of Labor

WORKING FOR YOU

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Career Center Customer Registration Form

Required items are indicated with asterisk. * Please print clearly

We must collect additional personal information from customers to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on handling and the protection of personally identifiable information. **Auxiliary aids and services are available upon request to individuals with disabilities**.

What is your preferred language? _____

If other than English do you need an interpreter? ☐ Yes ☐ No

Customer Data

Social Security Number: __ __ __ - __ __ - __ __ __ __

or New York Identification Number: NY __ __ __ __ __ __ __ __ __ *Last name: _____

*First name: _____ M.I. _____ *Date of birth: ____ / ____ / _____

Gender: ☐ Male ☐ Female ☐ Non-Binary If you were born after Dec 31, 1959, and assigned male at birth are you registered with the US Military Selective Service? ☐ Yes ☐ No

New York State Driver's License Number or NYS Non-Driver License ID Number: _____

Or other verification of date of birth using an acceptable source document: _____ (See staff)

*Street address: _____ Apt. no.: _____

*City: _____ *State: _____ *Zip code (+4 not required): _____ - _____

Mailing address (if different than above): _____

County: _____ Email: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

How do you prefer to be contacted? ☐ Email ☐ Cell phone ☐ Mail (postal) ☐ Home phone

Are you a US citizen? ☐ Yes ☐ No If no, are you authorized to work in the US? ☐ Yes ☐ No

If yes, Alien Registration Number: _____

Ethnicity/Race

Note: The Ethnicity and Race questions are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Answer both Ethnicity and Race

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to disclose

Race: (check all that apply)

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Chinese
☐ Asian Indian ☐ Filipino ☐ Japanese
☐ Pakistani ☐ Samoan ☐ Korean ☐ Bangladeshi
☐ Burmese ☐ Native Hawaiian ☐ Vietnamese ☐ Nepalese
☐ Thai ☐ Guamanian and Chamorro ☐ Other Pacific Islander ☐ Other Asian

Education

*Education (check highest level completed)

Grade: ☐ NA ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
☐ HS Diploma ☐ HS Equivalency ☐ No Diploma
☐ IEP Diploma/Disabled with certification of attendance/completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.

*Are you attending a secondary, post-secondary, vocational, technical or academic school full-time?
☐ Yes ☐ No

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

Employment

*Are you currently employed? ☐ Yes ☐ No If No, how many weeks have you been out of work? _____

If Yes, are you employed ☐ Full time ☐ Part time How many hours do you work per week? _____

Have you applied for Unemployment Insurance Benefits? ☐ Yes ☐ No

If Yes, when did you apply? ____ / ____ / _____

Are you currently claiming Unemployment Insurance Benefits? ☐ Yes ☐ No

Military

Note: Veterans and "eligible spouses" receive priority of service.

*Did you serve in the United States Armed Forces? ☐ Yes ☐ No

*Are you an eligible spouse of a veteran? ☐ Yes ☐ No

If "Yes" what US military branch? _____

Dates of service: ____ / ____ / _____ through ____ / ____ / _____

Employment Preferences

Check your work preferences:

Work week: ☐ Full time (30 hours per week or more) ☐ Part time (Less than 30 hours per week)

Duration (length of employment):
☐ Regular (More than 150 days) ☐ Temporary (3 days or fewer) ☐ Regular or Temporary (4-150 days)

Minimum acceptable wage required: $ _____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year ☐ Other

Date you are available for work: ____ / ____ / _____

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

*Are you a Migrant or Seasonal Farm Worker? (for definitions please see staff or Supplemental Questionnaire)
☐ Yes ☐ No

Acceptable Job Locations

*I am willing to work within the following zip code, county or state (check the number of miles and write the zip code):

☐ 10 ☐ 25 ☐ 50 ☐ 100 miles of zip code: _____ County: _____ State: _____

Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 ½ hours by public transportation.

Employment Objective

*Employment objective/Type of work seeking: Job title: _____
Job title: _____

Work History

If you have a job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer.

*Job title: _____ *Employer: _____

*Address: _____

*City: _____ *State: _____ *Country (if not USA): _____

*Start date: ___/___/___ *End date: ___/___/___ Hours worked per week: _____

Supervisor: _____ Phone number: (_____) _____ - _____

*Wage: $ _____ per ☐ hr ☐ day ☐ wk ☐ mo ☐ yr ☐ other

*Reason for leaving: _____

*Job duties: _____

*Job title: _____ *Employer: _____

*Address: _____

*City: _____ *State: _____ *Country (if not USA): _____

*Start date: ___/___/___ *End date: ___/___/___ Hours worked per week: _____

Supervisor: _____ Phone number: (_____) _____ - _____

*Wage: $ _____ per ☐ hr ☐ day ☐ wk ☐ mo ☐ yr ☐ other

*Reason for leaving: _____

*Job duties: _____

*Job title: _____ *Employer: _____

*Address: _____

*City: _____ *State: _____ *Country (if not USA): _____

*Start date: ____ / ____ / _____ *End date: ____ / ____ / _____ Hours worked per week: _____

Supervisor: _____ Phone number: (_____) _____ - _____

*Wage: $ _____ per ☐ hr ☐ day ☐ wk ☐ mo ☐ yr ☐ other

*Reason for leaving: _____

*Job duties: _____

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 number: _____

If No, were you separated from your employment due to foreign trade? ☐ Yes ☐ No

Driver's License

Do you have a driver's license? ☐ Yes ☐ No Issuing state: _____

What type of license do you have?

☐ Class A (tractor trailer) ☐ Class B (truck/bus) ☐ Class C (light truck commercial)
☐ 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 need public transportation to get to a job? ☐ Yes ☐ No

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

Certificates/Licenses

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

*Certificate/License: _____ *Issuing organization or locality: _____

Issue date: ____ / ____ / _____ State: _____ *Country: _____

Additional Certificate or License:

*Certificate/License: _____ *Issuing organization or locality: _____

Issue date: ____ / ____ / _____ State: _____ *Country: _____

Schools

Do you have a college degree, diploma or educational certificate? ☐ Yes ☐ No

*Course of study: _____ *Degree: _____ Date complete: ____ / ____ / _____

*Issuing institution: _____ *State: _____ *Country: _____

*Course of study: _____ *Degree: _____ Date complete: ____ / ____ / _____

*Issuing institution: _____ *State: _____ *Country: _____

Job Skills and Qualifications

***List at least one.**

Include skills and abilities that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, or computer assisted design. Also, include languages in which you are fluent.

List qualities or accomplishments related to your employment goal:

List any honors you have received or outside activities you participate in:

I certify that the information given on this document is true and accurate to the best of my knowledge.

***Signature** _____ ***Date** ____ / ____ / _____