



Career Services Registration

Please Print Clearly

Customer Data

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_ New York ID Number: NY \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birth date: \_\_\_ / \_\_\_ / \_\_\_ Gender: Male Female Non-Binary

If you were born after December 31, 1959, and assigned male at birth, are you registered with the US Military Selective Service? Yes No

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail address: \_\_\_\_\_

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 or a GED/TASC? Yes No

If no, what is the highest school grade you completed? \_\_\_\_\_

Do you have limited English skills? Yes No

If yes, what is your Primary Language? \_\_\_\_\_

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) Prefer not to disclose

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

**Military**

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

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

\*Are you a spouse of a veteran?    Yes    No

If "Yes" what US military branch? \_\_\_\_\_

Dates of service:    \_\_\_ / \_\_\_ / \_\_\_\_ through \_\_\_ / \_\_\_ / \_\_\_\_

**Employment Preferences**

Which kinds of jobs are acceptable?

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

Duration:    Regular (More than 150 days)  
                  Temporary (3 days or fewer)  
                  Regular or Temporary (4-150 days)

Minimum acceptable salary 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

**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

**Objective and Work History**

Employment objective/kind of work wanted (Job title): \_\_\_\_\_

Are you willing to travel?    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 a week did you work? \_\_\_\_\_ **Start date:** \_\_\_ / \_\_\_ / \_\_\_\_ **End date:** \_\_\_ / \_\_\_ / \_\_\_\_

**Wage:** \$ \_\_\_\_\_ per    Hour    Day    Week    Month    Year

**Reason for leaving:** \_\_\_\_\_

**Job duties:** \_\_\_\_\_

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country, if not US: \_\_\_\_\_

How many hours a week did you work? \_\_\_\_\_ Start date: \_\_\_ / \_\_\_ / \_\_\_ End date: \_\_\_ / \_\_\_ / \_\_\_

Wage: \$ \_\_\_\_\_ per Hour Day Week Month Year

Reason for leaving: \_\_\_\_\_

Job duties: \_\_\_\_\_

**Education, Certificates, Licenses**

Check the highest level of education you have completed:

K-12: none 1 2 3 4 5 6 7 8 9 10 11 12/HS Graduate  
12/no degree HS Equivalency (TASC, GED)

Post-secondary (after high school):

HS+1 year/no degree	HS+2 years/no degree	HS+3 years/no degree
HS+1 year vocational cert	HS+2 years vocational cert	HS+3 year vocational cert
HS+1 year Associate's degree	HS+2 years Associate's degree	HS+3 years Associate's degree
Bachelor's degree	Master's degree	Doctorate degree

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

Do you have a **driver's license**? Yes No

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: \_\_\_ / \_\_\_ / \_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_