

Field Registration Form

*Required information

Date: ___ / ___ / ___

Job Seeker

*First name: M.I. _____ *Last name: Birth Date: ___ / ___ / ___

*Street address: Apt. #: _____

*City: *State: *Zip Code: County: _____

Tel: (____) ____ - ____ Mobile: (____) ____ - ____ E-Mail: _____

*Are you a US Citizen? No Yes Social Security Number: ____ - ____ - ____

*If not, are you authorized to work in the United States? No Yes, Alien Registration Number: _____

Do you have a preferred language other than English? No Yes _____

*Are you a Farm Worker? No Yes. Check one of the following:

Migrant Farm Worker (moves from farm to farm)

Migrant Food Processor

Seasonal Farm Worker

Year-round Farm Worker

Work History

List the last two employers for whom you have 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: _____ Telephone: (____) ____ - ____

City: _____ State: _____ Country, if not US: _____

Start date (mo/yr): ___ / ___ End date (mo/yr): ___ / ___

Wage: \$ _____ per hour / day / week / month / year / piece rate: _____

How many hours a week did you work? _____

Reason for leaving: _____

Job duties:

Job title: _____ Employer: _____
 Address: _____ Telephone: (____) ____ - ____
 City: _____ State: _____ Country, if not US: _____
 Start date (mo/yr): ____ / ____ End date (mo/yr): ____ / ____
 Wage: \$ _____ per hour / day / week / month / year / piece rate: _____
 How many hours a week did you work? _____
 Reason for leaving: _____
 Job duties: _____

Job Preference

What job are you looking for? _____

Which kinds of jobs are acceptable?

Work Week:	Duration: (length of employment)
Full-time (30 hrs. per week or more)	Regular
Part-time (Less than 30 hrs. per week)	Seasonal/Temporary
Any	Any

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

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

Education, Certificates, Licenses

*What is the highest education level you completed? High School or GED College
 Other _____

Do you have an advanced degree, diploma or educational certificate? Yes No
 Course of Study: _____ Degree: _____ Date completed (mo/yr): ____ / ____
 Issuing institution: _____ State: _____ Country: _____

Do you have an occupational certificate or license? Yes No
 Certificate/License: _____ Issuing organization or locality: _____
 Issue date: (mo. /yr.) ____ / ____ State: _____ Country: _____
 Additional Certificate/License: _____ Issuing organization or locality: _____
 Issue date: (mo. /yr.) ____ / ____ State: _____ Country: _____

Are you attending a secondary, vocational, technical or academic school full-time? (12 hrs. or more)

Yes No

If you are between terms, do you intend to return to school? 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 a vehicle available for transportation to and from work? Yes No

Skills

List your skills and abilities that you used in your job(s) or learned through school or training. Examples are carpentry, welding, farm equipment operation, tractor driving, skid steer or chain saw operation, construction, PTO, landscaping, engine repair, masonry, cooking/restaurant work, typing or computer skills.

List all languages you speak and/or write fluently: _____