



A proud partner of the AmericanJobCenter network

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

Customer Data

Social Security Number: or New York Identification Number:

*Last name: *First name: M.I.

*Date of birth: Gender: Male Female

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service? Yes No

New York State Driver License Number or NYS Non Driver License ID Number:

Or other verification of date of birth using 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.

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

Education

*Education (check highest level completed) Grade: None 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.

College: 1 year 2 year 3 year 4 year plus If college, check all that apply:

Some college Vocational Degree/Certificate Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

*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 active 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) Any
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 Any

*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 1/2 hours by public transportation.

Employment Objective

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

*List most recent occupation(s)/job(s):

Job Title	Experience in this Job
_____	Years _____ Months _____
_____	Years _____ Months _____

Work History

If you have 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 (month/day/year): ____ / ____ / ____ * End date (month/day/year): ____ / ____ / ____ Hours worked per week: _____

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

*Wage \$: _____ per hr day wk mo yr other *Reason for leaving: _____

*Job duties: _____

Work History, continued

*Job title: _____ *Employer: _____

*Address: _____

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

*Start date (month/day/year): ____/____/____ * End date (month/day/year): ____/____/____ 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 (month/day/year): ____/____/____ * End date (month/day/year): ____/____/____ 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 (month/year): _____ / _____ State: _____ *Country: _____

Additional Certificate or License:

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

Issue date (month/year): _____ / _____ State: _____ *Country: _____

Schools

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

*Course of study: _____ *Degree: _____ Date completed (month/year): _____ / _____

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

*Course of study: _____ *Degree: _____ Date completed (month/year): _____ / _____

*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** _____

**The New York State Department of Labor is an Equal Opportunity Employer.
If requested, program auxiliary aids and services are supplied to individuals with disabilities**