



Career Center Registration

Print clearly.

Date: \_\_\_\_\_

Customer Data

Social Security # \_\_\_\_\_ NY# \_\_\_\_\_ (found in top right corner of appointment letter)

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

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (+4 not required) \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

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? \_\_\_\_\_

Note: The Ethnicity and Race question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and Affirmative Action requirements.

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

Additional Information: Program Eligibility

Are you or any member of your family receiving any Public Assistance? Examples are food stamps, cash benefits, SSI, Safety Net, Temporary Assistance to Needy Families (TANF), etc.  Yes  No

If you answered yes, list the Public Assistance you are receiving. \_\_\_\_\_

Do you have a Disability?  Yes  No

Note: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

Are you a Migrant/Seasonal Worker?  Yes  No If yes check one of the following:

Migrant Farm Worker  Migrant Food Processor  Seasonal Farm Worker

Did you serve in the Military?  Yes  No If yes, date of active service: From \_\_\_\_\_ to \_\_\_\_\_

Branch of service \_\_\_\_\_

Additional Information: Employment Preferences

Which kinds of jobs are acceptable? Work Week:  Full-time (30 hrs. per week or more)  Part-time (Less than 30 hrs. 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 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  Any

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 #: \_\_\_\_\_ If No, were you separated from your employment due to foreign trade?  Yes  No

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.

## Objective & 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 per week did you work?** \_\_\_\_\_ **Start date (mo./yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_ **End date (mo./yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Wage \$** \_\_\_\_\_ **per hour/day/week/month/year/other** \_\_\_\_\_

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

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

**Job title** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**How many hours per week did you work?** \_\_\_\_\_ **Start date (mo./yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_ **End date (mo./yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Wage \$** \_\_\_\_\_ **per hour/day/week/month/year/other** \_\_\_\_\_

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

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

## Education, Certificates, Licenses

Do you have **reliable transportation** to and from work?  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 an **occupational certificate or license**?  Yes  No

**Certificate/License** \_\_\_\_\_ **Issuing organization or locality** \_\_\_\_\_

**Issue date: (mo. /yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_

**Are you attending** a secondary, vocational, technical or academic **school**?  Yes  No

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

Do you have an **advanced degree**, diploma or educational certificate?  Yes  No

**Course of Study** \_\_\_\_\_ **Degree** \_\_\_\_\_ **Date completed (mo./yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Issuing institution** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_

**Additional degree, diploma or educational certificate:**

**Course of study** \_\_\_\_\_ **Degree** \_\_\_\_\_ **Date completed (mo./yr.)** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Issuing institution** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_

## Skills & Qualifications

**Job skills:** List at least one skill. Include skills and abilities that you used in your job(s) or learned through school or training. Examples are laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, foreign languages or computer assisted design. \_\_\_\_\_

**Qualifications:** List qualities or accomplishments related to your employment objective: \_\_\_\_\_