Career Center Customer Registration Form

# << *Please print clearly* >> Required items are indicated with asterisk \* and bold type.

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

Check here to indicate that you have been made aware of the provisions of *the attached* “Equal Opportunity is the Law” notice.

## Customer Data

Social Security # - - OR NYID #

**\*Last Name**  \***First Name**  M.I.

**\*Date of Birth / /**

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)

Gender:  Male  Female **Marital Status**:  Married  Unmarried  Divorced

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

\***Street Address** Apt. #

**\*City**  **\*State**  **\*Zip Code (+4 not required)** -

Mailing Address (if different than above):

County

Home Phone: ()-Cell Phone: ()-

E-Mail Address

How do you prefer to be contacted?  E-Mail  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 (Circle or 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 yr. 2 yr. 3 yr. 4 yr. 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

If “Yes” what US military branch? Dates of Active Service: / / through / /

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

## Employment Preferences

Check your work preferences Work Week: Duration: (length of employment)

Full time (30 hrs. per week or more)  Regular (More than 150 days)

Part time (Less than 30 hrs. per week)  Temporary (3 days or fewer)

Any  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**

10 25 50 100 miles of zip code **County** **State**

*(*circle thenumber of miles and write the zip code)

*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 (mo./day/yr.)**  **/ / \*** **End Date (mo./day/yr.) / /**

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 (mo./day/yr.)**  **/ / \*** **End Date (mo./day/yr.) / /**

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 (mo./day/yr.)**  **/ / \*** **End Date (mo./day/yr.) / /**

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 #

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 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 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: (mo./yr.) **/** State **\*Country**

Additional Certificate or License:

**\*Certificate/License**  **\*Issuing Organization or Locality**

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

## Schools

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

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

**\*Issuing Institution** **\*State** **\*Country**

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

**\*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**

**Niagara’s WorkSourceOne and The New York State Department of Labor are Equal Opportunity Employers.**

**ES100 1/23 If requested, program auxiliary aids and services are supplied to individuals with disabilities**