



New York State Department of Labor
Customer Registration Form

DATE: _____

Required items are indicated with asterisk * and bold type - Please print clearly

Customer Data

* 1. Social Security #
* 2. Last Name
* 3. First Name
4. M.I.
5. Date of Birth
6. Gender: Male Female
* 7. Street Address
Apt. #
* 8. City
* 9. State
* 10. Zip Code (+4 not required)
11. County
12. Country, if not US
13. Phone
14. Alternate Phone
15. Fax
16. E-Mail Address
*17. Are you a US Citizen?
If not, are you authorized to work in the United States?

Ethnicity/Race

18. Ethnicity: Hispanic or Latino Not Hispanic or Latino
Note: This question is voluntary. Information will be kept confidential...
19. Race: (Check all that apply) White Black or African American American Indian or Alaska Native
Asian Native Hawaiian or Other Pacific Islander
Note: This question is voluntary. Information will be kept confidential...

Education & Employment

*20. Education (Circle or check highest level completed)
Grade: None 1 2 3 4 5 6 7 8 9 10 11 12/No Diploma HS Graduate GED
College: 1 yr. 2 yrs. 3 yrs. 4 yrs. plus If college, check all that apply
Some College Vocational Degree/Certificate Associate's Degree
Bachelor's Degree Master's Degree Doctoral Degree
*21. Are you attending a secondary, vocational, technical or academic school full-time?
If you are between terms, do you intend to return to school?
*22. How many weeks were you out of work in the last 26 weeks?
*23. Are you currently employed?
24. Your resume including name, address, telephone, and e-mail will be posted on the Internet for employers to view on the (NYJB) New York Job Bank...
Post my resume as 'Confidential'.
Do not post my resume on the Internet.

Auxiliary aids and services are available upon request to individuals with disabilities.

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

Programs/Public Assistance

26. Are you or any member of your family receiving any Public Assistance (such as food stamps, cash benefits, SSI, etc.)? Yes No

If you answered yes to question 26, please indicate what Public Assistance you are receiving _____

27. Are you a person with 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.

***28. Are you a Migrant/Seasonal Worker?** Yes No If Yes, check one of the following:
 Migrant Farm Worker Migrant Food Processor Seasonal Farm Worker

Military Service

***29. Are you a veteran?** Yes No If yes, provide dates of Active Service __/__/____ through __/__/____

30. Are you an Other Eligible spouse of a veteran? Yes No

Other Eligible: The spouse of a person who: a) was killed in action or who died of a service connected disability; b) is serving on active duty who is listed as 1. missing in action, 2. captured in the line of duty, or 3. forcibly interned in the line of duty for a total of 90 days or more; or c) has a permanent total service connected disability.

If you answered "No" to both 29 and 30, go to question 32.

***31. Are you receiving compensation for a service-connected disability?** Yes No
 If Yes, list % of disability _____

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.

Employment and Shift Preference

32. Which kind 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 (Over 150 days)
 Temporary (3 days or less)
 Regular or Temporary (4-150 days)

33. Minimum salary required \$ _____ per Hour Day Week Month Year Other

34. Date you are available for work __/__/____

35. Which shift(s) are you willing to work? (Check all that apply) First Second Third Split Rotating Any

***36. How do you prefer to be contacted?** (Check all that apply)
 Mail Primary Phone Alternate Phone Fax E-Mail

Employment Objective

***37. Employment Objective/Kind of work wanted Job Title** _____

*38. List most recent occupation(s)/job(s)	<u>Job Title</u>	<u>Experience in this Job</u>	
_____	_____	Years _____	Months _____
_____	_____	Years _____	Months _____
_____	_____	Years _____	Months _____

Acceptable Job Locations

***39. I am willing to work within the following zip codes or states or countries:**

Choose either A, B, or C. You may enter up to 3 zip codes or states or countries. If A is chosen, circle number of miles and enter zip code.

<u>Zip Code</u>	<u>States</u>	<u>Countries</u>
A. 5 10 25 50 100 miles of zip code _____	B. _____	C. _____
5 10 25 50 100 miles of zip code _____	_____	_____
5 10 25 50 100 miles of zip code _____	_____	_____

Note: (Applies to A only) 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.

40. 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.

Complete all required items for each employer. Enter the most recent employment first.

*Job Title _____ *Employer _____

*Address _____

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

Start Date (mo./yr.) __/____ End Date (mo./yr.) __/____ Supervisor _____ Phone No. (____) ____-____

*Wage \$ _____ per hr/day/wk/mo/yr/other *Reason for Leaving _____

*Job Duties: _____

*Job Title _____ *Employer _____

*Address _____

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

Start Date (mo./yr.) __/____ End Date (mo./yr.) __/____ Supervisor _____ Phone No. (____) ____-____

*Wage \$ _____ per hr/day/wk/mo/yr/other *Reason for Leaving _____

*Job Duties: _____

*Job Title _____ *Employer _____

*Address _____

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

Start Date (mo./yr.) __/____ End Date (mo./yr.) __/____ Supervisor _____ Phone No. (____) ____-____

*Wage \$ _____ per hr/day/wk/mo/yr/other *Reason for Leaving _____

*Job Duties: _____

Drivers License

41. Do you have a driver's license? Yes No *If you answered "No", go directly to question 44.*

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)

Issuing State _____

Endorsements: Passenger Transport Hazardous Materials Tank Vehicles Motorcycle
 School Bus Doubles/Triples Tank Hazard Air Brakes

42. Do you need public transportation to get to a job? Yes No

43. Do you own or have access to a vehicle? Yes No

Certificates/Licenses

44. Do you have an occupational certificate or license? Yes No *If you answered "No", go directly to question 45.*

*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

45. Do you have a degree, diploma or educational certificate? Yes No *If you answered "No", go directly to item 46.*

*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 _____

***46. Job Skills: List at least one**

Include skills and abilities that you used in your job(s) or that you have acquired through school/training. For example, automobile mechanic, carpentry, welding, typing, computer hardware/software, etc. Please use the suggested skills inventory available in the One-Stop Resource Room as much as possible. Also, include any foreign languages in which you are fluent.

47. List any honors you have received or outside activities you participate in: _____

-----**Staff Use Only**-----
Dislocated Worker Yes No Unknown Econ. Disadvantaged Yes No Unknown
WOTC Yes No Unknown TRA Yes No Unknown
Rapid Response Yes No Unknown MSFW Yes No Unknown