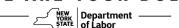
WE ARE YOUR DOL



Division of Employment and Workforce Solutions

The WorkPlace Jefferson Co ~ 315-786-3651 Lewis Co ~ 315-376-5800

Career Center Registration

Print clearly. Date: **Customer Data** Social Security # ___ _ - __ - __ _ - ___ _ (found in top right corner of appointment letter) Last name First name M.I. Birth date __ _ / __ / __ __ _ Street address _____ _____ Apt. # _____ State _____ Zip Code (+4 not required) __ _ _ - _ _ - _ _ City _____ 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: 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) ☐ Anv ☐ 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 No, were you separated from your employment due to foreign trade? \square Yes \square No If Yes, TAA petition #:

Objective & Work History
Employment objective/kind of work wanted (Job title)
Are you willing to travel
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
Lab dida
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?
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)
Findersements: December Transport Dilementers Materials Dispersion Dispersion Dispersion
Endorsements: ☐ Passenger Transport ☐ Hazardous Materials ☐ Tank Vehicles ☐ Motorcycle ☐ School Bus ☐ Doubles/Triples ☐ Tank Hazard ☐ Air Brakes
☐ School Bus ☐ Doubles/Triples ☐ Tank Hazard ☐ Air Brakes
Do you have an occupational certificate or license ?
Certificate/License Issuing organization or locality
Issue date: (mo. /yr.) / State Country
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Are you attending a secondary, vocational, technical or academic school? Yes No
If you are between terms, do you intend to return to school?
Do you have an advanced degree , diploma or educational certificate?
Course of Study Degree Date completed (mo./yr.) /
Issuing institutionStateStateState
Additional degree, diploma or educational certificate:
Course of study Degree Date completed (mo./yr.) /
Issuing institution State 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
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.
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Qualifications: List qualities or accomplishments related to your employment objective:

ES 101 (07/22) Page 2 of 2