

The Employment netWork

REGISTRATION

To enable us to serve you more efficiently, please provide us with the following information:

Last Name		First	MI	SSN:
Address		City	State	Zip Code
Telephone Number ()	Other Phone Number ()		Date of Birth (Mo/Day/Yr) / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic or Latino	Have you ever been laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, From Where?	E-Mail Address:
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Hawaiian Native or other Pacific Islander	<input type="checkbox"/> White		

I WOULD LIKE ASSISTANCE WITH THE FOLLOWING SERVICES TO HELP ME MEET MY EMPLOYMENT GOALS:

GETTING STARTED:

- Clear Explanation of all Services available to me through The Employment netWork partnership
- Initial Discussion – Where do I start?
- I may also need: Childcare Transportation Clothing Medical Asst Food Drug/Alcohol Rehab Shelter/Housing

CAREER EXPLORATION:

- Finding Out About My Skills – I would like to be evaluated to find out about my strengths and/or areas I need to improve, so that I can be better prepared for my career/job search
- Information About the Job Market – I would like to get assistance and/or search the Internet to find out what jobs/occupations are in demand and/or hiring trends in the area(s) I would like to work.
- Deciding on a Career/Career Planning – I would like to create a plan on how to achieve my career goals step-by-step.
- Career Advancement – I would like information and/or counseling on how to advance in my chosen career.
- Education & Job Training Resources – I would like to find out about colleges and institutions offering the training I am interested in, where they are located and what my training will cost.
- Advice & Direction on my Future – Help with focusing on my career goals, making decisions, working with a mentor and leadership development

PRE-EMPLOYMENT ASSISTANCE:

- Getting your GED (High School Equivalent) – I would like information about getting my GED, where I can take classes and any fees involved.
- Basic Skills Improvement – I am weak in my math or reading or language (or all three) skills and would like to talk to someone about getting help on improving these skills so that I can get a job (or a better job); options for different ways to learn these skills.

JOB SEARCH SKILLS:

- Planning a Job Search Strategy – I'm really not sure how to go about finding the job I want, how to approach employers or follow-up with an employer once I have submitted my application.
- Interviewing Skills – I want to know how to "put my best foot forward" during a job interview and feel more confident about myself.
- Résumé Writing – I want to learn how to create an effective résumé.
- Negotiating an Offer – I want to learn how to market myself to the employer and get the best pay possible.
- Finding a Job – I can use the Internet to view job openings online and to look for a job, or I can talk to an employment specialist about job openings and opportunities, including paid & unpaid work experiences and internships.

JOB RETENTION:

- How to Keep a Job – I can find a job, but I have difficulty keeping a job because of various challenges I face.

EDUCATION STATUS

Circle Highest Grade Completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Certificate of Attendance/Completion <input type="checkbox"/> Completed 12 th Grade, No Diploma	Years of College Completed: 1 2 3 4 5 6 7 <input type="checkbox"/> Military Training: _____	Degree: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Vocational/Technical Degree/License: _____	EDUCATION STATUS: (Check only one): <input type="checkbox"/> In School, HS or less <input type="checkbox"/> In School, Alternative School <input type="checkbox"/> In School, Post HS <input type="checkbox"/> Not Attending School; Did Not Graduate <input type="checkbox"/> Not Attending School; HS Graduate
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Migrant Seasonal Farm Worker Status:

- Not applicable
- Migrant Farm Worker
- Migrant Food Processor
- Migrant Seasonal Worker

Citizenship: US Citizen Registered Alien Refugee Other Legal Alien Other

Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Class: <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> Non-Commercial	Endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
DESIRED EMPLOYMENT OPTIONS (Please check all that apply)		
Willing to live at the worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Require Health Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Split Shift
DESIRED EMPLOYMENT: (Please complete the blanks)		
For the occupation(s) stated below, in what counties are you willing to work? Specify the minimum acceptable hourly wage for each choice. Please specify if you are willing to work statewide.		
Occupation #1		Occupation #2
Job Title	Months Exp:	Job Title
County Name:	Wage:	County Name:
County Name:	Wage:	County Name:
VETERAN INFORMATION (Please check one or fill in the blank)		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer the following questions. If No, please skip this section and go to Veteran Spouse Info.		
Are you on active duty and do not expect to be discharged within 110 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you discharged or released with other than a dishonorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you serve on active duty for a period of over 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you services a member of a reserve component or national Guard unit ordered to active duty under Title 10, USC, and were you discharged from such duty with other than a dishonorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you awarded a campaign medal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name and dates of Campaign, if known		
Campaign Name: _____		Campaign Date: _____
Do you have a Service-Connected Disability rated by the VA at less than 30% <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Service-Connected Disability rated by the VA at 30% or more OR were you discharged or released from active duty due to an injury incurred in or aggravated by military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you enrolled in the VA Vocational Rehabilitation (Chapter 31) program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date entered and Discharged from Active Military Service: mm/dd/yyyy		
Entry Date: _____		Discharge Date: _____
VETERAN SPOUSE INFORMATION (Please check one)		
Are you the spouse of any member of the Armed Services who:		
Died as a result of a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has a permanent, total disability resulting from a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Died while the disability was in existence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is listed or has been listed as Missing in Action (MIA) for more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is listed or has been listed as captured in the line of duty by hostile forces for more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is or has been forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is there anything we can do to assist you while you are using our services? Read Materials to You Provide Audio Tape of Information
 Provide Interpreter Other/Explain: _____

I have read the information provided on this registration and agree that the staff of The Employment netWork may exchange and disclose information about me for services to be provided under programs administered by the partnership or any other Workforce Development Area. I realize that I may not have immediate access to all opportunities afforded to me through the partnership if I choose not to release this information.

Customer Signature _____ Date _____
If under 18, signature of parent or legal guardian _____ Date _____

HOW DID YOU HEAR ABOUT US? Newspaper Brochure Friend/Relative Phone Book Radio Other: _____

COMMENTS: (For staff use only – Do Not write in this space)