



# 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 \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

15. Fax \_\_\_\_\_ 16. E-Mail Address \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

\* 17. Are you a US Citizen?  Yes  No **If not, are you authorized to work in the United States?**  Yes  No

Ethnicity/Race

18. Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

*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. You will not be penalized for refusal to answer.*

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 and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.*

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

\* 22. How many weeks were you out of work in the last 26 weeks? \_\_\_\_\_

\* 23. Are you currently employed?  Yes  No

24. Your resume including name, address, telephone, and e-mail (if available) will be posted on the Internet for employers to view on the (NYJB) New York Job Bank ([www.ajb.org/ny/](http://www.ajb.org/ny/)), which is part of America's Job Bank, unless otherwise instructed. Posting your resume will give it greater exposure to employers and job opportunities both in NYS and nationally. If you do not wish to have your resume fully disclosed on the Internet, check one of the boxes below.

Post my resume as "Confidential". Your resume will exclude your name, address, and telephone. You must have an e-mail address to choose this option (see question 16 above).  
 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Econ. Disadvantaged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
WOTC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	TRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Rapid Response	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	MSFW	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown