



# NEW YORK CITY HOUSING AUTHORITY

## RESIDENT EMPLOYMENT SERVICES

### CUSTOMER INFORMATION

This Customer Information Form gives you access to some of NYCHA's Resident Employment Services. The services include the use of computers, fax machines, copiers, telephones, as well as other services to support your job search. Access to certain services and benefits at NYCHA Resident Employment requires verifying eligibility. Please follow the directions for completing this form. After reviewing your completed information, our staff will suggest appropriate next steps for you to take. **Please print clearly in ink.**

#### SECTION A: CUSTOMER BACKGROUND *(All Customers must complete Section A)*

<b>1. INDIVIDUAL INFORMATION</b>				
First Name _____		Middle Initial _____		Last Name _____
SOCIAL SECURITY NUMBER ____ - ____ - ____		DATE OF BIRTH ____ / ____ / ____ Month Day Year		
PRIMARY LANGUAGE(S) 1. _____ 2. _____			GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	
HOME ADDRESS _____		APT. _____	CITY _____	STATE _____ ZIP CODE _____
MAILING ADDRESS <i>(If different from home address or if P.O. Box is used)</i> _____		CITY _____	STATE _____	ZIP CODE _____
HOME PHONE # ( ) _____	ALTERNATE PHONE # ( ) _____	E-MAIL _____		PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Alternate Phone
NYCHA RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "Yes," NAME OF DEVELOPMENT _____		DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type _____	
SECTION 8 VOUCHER HOLDER <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate the Voucher Number _____				
<b>2. HOW DID YOU HEAR ABOUT NYCHA'S RESIDENT EMPLOYMENT SERVICES?</b>				
<input type="checkbox"/> Management Office <input type="checkbox"/> Community Center <input type="checkbox"/> Department of Labor <input type="checkbox"/> Internet <input type="checkbox"/> Family/Friend <input type="checkbox"/> 311 <input type="checkbox"/> Walk-In <input type="checkbox"/> Flyer <input type="checkbox"/> Ad _____ <input type="checkbox"/> Training Center/School _____ <input type="checkbox"/> Community Organization _____ <input type="checkbox"/> Government Agency _____ <input type="checkbox"/> Other _____				
<b>ARE YOU INTERESTED IN A SPECIFIC NYCHA RES CAREER INITIATIVE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify _____				
<b>3. EDUCATION</b>				
Last grade completed (1-12) _____ Years of vocational or technical training (1-10) _____ Years of College (1-10) _____				
Diplomas, Certificates, and Degrees received, please check <u>all</u> that apply: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Educational credential <i>(High School or above)</i> granted by a non-United States institution Are you enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>FOR OFFICE USE ONLY</b>				
This is to certify that _____ is a bona fide NYCHA resident of this development and in good standing.				
Residency verified by: _____ Signature: _____ NYCHA Staff <i>(Print Name &amp; Title)</i>				
Account Number: _____ Date: ____ / ____ / ____ Development Stamp: _____				

**Confidentiality Notice:** By completing and submitting this form, you authorize the New York City Housing Authority to process this form and any other relevant information for employment training, and for administrative and reporting purposes. To the extent required by law, the New York City Housing Authority will keep such information confidential and, to the extent permitted by law and for the purpose of better serving you, the New York City Housing Authority will share such information with the New York City Human Resources Administration, its Work Experience Program and/or other city, state or federal job training/employment training or the administration of public housing.

**4. EMPLOYMENT AND INCOME**

What is your employment status, please check one:

- ☐ Unemployed ☐ Employed Part-time ☐ Employed Full-time ☐ Employed, but received notice of termination/layoff (including military separation)  
☐ Self-Employed

In what occupations have you worked? Write down all that apply in the space below.

Do you receive public assistance? ☐ Yes ☐ No

If Yes, please check all that apply:

- ☐ TANF (cash assistance) ☐ TANF Exhaustee (received cash assistance in the past 6 months, but not currently) ☐ Safety Net ☐ Food Stamps  
☐ Supplementary Security Income (SSI) ☐ Refugee Cash Assistance (RCA)

**5. UNEMPLOYMENT INSURANCE**

Please check one box that best describes your unemployment insurance status:

- ☐ Receiving Benefits ☐ Not Eligible for Benefits ☐ Used Up/Exhausted Benefits ☐ Did Not Apply for Benefits ☐ Application Pending

How many weeks have you been out of work in the last 26 weeks (6 months)? \_\_\_\_\_

**6. CUSTOMER ASSESSMENT**

Please check all that apply to help NYCHA Resident Employment Services staff direct you to available services:

**6A. FAST-TRACK TO A JOB**

- ☐ I have an up-to-date resume  
☐ I want a job immediately  
☐ I am currently employed but want a better paying job  
☐ I have substantial past work experience

**6B. JOB PREPARATION AND SEARCH SKILLS**

- ☐ I need help writing or improving my resume  
☐ I want help preparing for interviews, enhancing communications and interpersonal skills, and improving my professional image  
☐ I need help with time management, financial or planning skills  
☐ I plan to use the Resource Room to do an independent job search

**6C. TRAINING AND CAREER PLANNING**

- ☐ I want the help of a counselor to plan my career  
☐ I want to get vocational or technical training  
☐ I have little or no work experience  
☐ I cannot do the work I used to do because of changes in technology

**6D. BASIC SKILLS**

- ☐ I need help preparing for the GED exam to get my High School equivalency diploma  
☐ English is not my native language, and I want to improve my English language skills through classes like ESL  
☐ I want to learn basic computer skills like using the Internet, e-mail, and/or word processing

**6E. ADDITIONAL EMPLOYMENT ASSISTANCE\***

In order to get and keep a job I may need help with:

- ☐ Health or disability issues  
☐ Transportation to interviews and work  
☐ Managing legal matters ☐ Work clothes  
☐ Health Insurance ☐ Unstable housing situation or eviction  
☐ Access to telephone/voicemail ☐ Childcare  
☐ Eldercare  
☐ Other concerns \_\_\_\_\_

\*This information helps NYCHA Resident Employment Services staff understand your employment related concerns. Completing this section is voluntary.

**6F. EXCLUSIVE NYCHA SERVICES**

- ☐ Add me to the Section 3 list so contractors can contact me for temporary construction work  
☐ I am interested in an apprenticeship in the construction field  
☐ I am interested in starting my own business and need assistance  
☐ I have my own business and I would like additional business assistance

**6G. COMPUTER ACCESS**

- ☐ I have a computer  
☐ I have Internet access

**SECTION B: CUSTOMER EMPLOYMENT AUTHORIZATION AND WORK HISTORY****7. ELIGIBILITY TO WORK**Are you legally permitted to work in the United States? ☐ Yes ☐ No ☐ Don't Know**8. WORK HISTORY**

Please list the last two jobs held starting with the most recent:

**JOB ONE**

NAME OF EMPLOYER		INDUSTRY	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year			
JOB TITLE	WAGES \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
EMPLOYMENT STATUS: <input type="checkbox"/> Still Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Temp <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			HOURS WORKED PER WEEK
KEY DUTIES			
SUPERVISOR'S NAME		TELEPHONE # (____) _____ - _____	

**JOB TWO**

NAME OF EMPLOYER		INDUSTRY	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year			
JOB TITLE	WAGES \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
EMPLOYMENT STATUS: <input type="checkbox"/> Still Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Temp <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			HOURS WORKED PER WEEK
KEY DUTIES			
SUPERVISOR'S NAME		TELEPHONE # (____) _____ - _____	

**SECTION C: CUSTOMER SIGNATURE** (All Customers must complete Section C)**9. VERIFICATION OF MY CUSTOMER INFORMATION AND RECEIPT OF INFORMATION**

I certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I understand that this information is subject to verification, and that false or deliberately incomplete answers may result in my disqualification from NYCHA Resident Employment Services' programs.

Customer's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Guardian's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

(Required if applicant is under 18 years old)

**FOR OFFICE USE ONLY**

Date of Orientation \_\_\_\_\_

Date Entered into SSTS \_\_\_\_\_

**TYPE OF ELIGIBILITY DOCUMENTS SUBMITTED**

NYCHA Resident \_\_\_\_\_

Section 8 \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Educational Status \_\_\_\_\_

Selective Service \_\_\_\_\_

Other (name change, work eligibility, etc.) \_\_\_\_\_

**PICTURE IDENTIFICATION**

☐ Driver's License      ☐ Non-Driver's ID      ☐ Work ID      ☐ Passport

☐ Other \_\_\_\_\_

**TABE TESTED?**    ☐ Yes    ☐ No      Date Tested \_\_\_\_\_

Reading Score \_\_\_\_\_      Math Score \_\_\_\_\_

**ASSIGNED TO**

Career Specialist \_\_\_\_\_

Job Developer \_\_\_\_\_

Business Developer \_\_\_\_\_

**NOTES / COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify to the best of my knowledge that the answers contained in this Customer Information Form have been verified in accordance with established procedures.

RES STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**NEW YORK CITY HOUSING AUTHORITY  
RESIDENT EMPLOYMENT SERVICES**

**ADDITIONAL DEMOGRAPHIC INFORMATION**

Answering these questions is voluntary. Information will be kept confidential and is intended for use solely in connection with recordkeeping and equal opportunity purposes. You will not be penalized for refusal to answer.

Name \_\_\_\_\_

Development \_\_\_\_\_

ETHNICITY: ☐ Hispanic ☐ Not Hispanic

RACE: ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native  
☐ Asian ☐ Native Hawaiian or Pacific Islander

Do you have a disability, which means a physical or mental impairment that substantially limits one or more major life activities? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

**If Yes**, are you a Campaign Veteran? ☐ Yes ☐ No

Provide dates of Active Service:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

Are you a Disabled Veteran? ☐ Yes ☐ No

**If Yes**, do you have Special Disabled Veteran status? ☐ Yes ☐ No

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