



JOB SEEKER MEMBERSHIP

Connecting Workers and Employers

Date: ____/____/____

PERSONAL DATA

FIRST NAME AND MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER ____ - ____ - _____	
DATE OF BIRTH month / day / year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	WHAT IS YOUR PRIMARY LANGUAGE?	
MAILING ADDRESS (NUMBER/STREET/P.O. BOX)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	ALTERNATE PHONE NUMBER		
E-MAIL ADDRESS	EMERGENCY CONTACT NAME & TELEPHONE NUMBER		
RACE / ETHNICITY (please check all that apply)			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African- American <input type="checkbox"/> White <input type="checkbox"/> Other (please list)			

MILITARY EXPERIENCE

Branch (If applicable)		Service Dates ____/____/____ to ____/____/____	
<input type="checkbox"/> Air Force	<input type="checkbox"/> National Guard	Discharge	
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Honorable	<input type="checkbox"/> Honorable Condition
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Other than Honorable	<input type="checkbox"/> Medical Service Condition
<input type="checkbox"/> Marines		<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable
Please provide copy of DD Form 214, to verify active service.	Campaign Badge: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a Service Disabled Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, VA rated percent of disability _____%	

CITIZENSHIP

____ U.S. Citizen ____ Refugee ____ Resident Alien ____ Other Alien Alien Number: _____

FAMILY STATUS

____ Parent of a two parent family ____ Single Parent ____ Other Family Member

____ Single Individual, Not Part of Family ____ Family Size ____ Number of Dependent Children

TO DETERMINE YOUR ELIGIBILITY FOR SERVICES: (PLEASE CHECK ALL THAT APPLY)

Are you currently employed, even if working part-time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a dislocated worker (laid off, terminated from job)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a disability/handicap (optional)? Inclusion or exclusion of disability status data will not jeopardize or adversely affect the provision of DCS services.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1) Have you received Transitional Assistance Benefits (Welfare/TAFDC) in the past six months? 2) If yes, is your case currently Open or Closed?	1) <input type="checkbox"/> YES <input type="checkbox"/> NO	2) <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
1) Have you received Food Stamps in the past six months? 2) If yes, is your case currently Open or Closed?	1) <input type="checkbox"/> YES <input type="checkbox"/> NO	2) <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
Have you worked in agriculture or food processing (excluding restaurants) in last 12 months? If yes, please check migrant status	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Migrant Food Processor		

EDUCATION

YEARS OF SCHOOL Circle highest level completed:	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16 +	Dates Attended
	Name of School Education Center	Town/City/State	Degree / Major	
MIDDLE HIGH SCHOOL <input type="radio"/> Graduated <input type="radio"/> Currently Attending <input type="radio"/> Incomplete				From: month year To: month year
GED HOME-SCHOOL <input type="radio"/> Graduated <input type="radio"/> Currently Attending <input type="radio"/> Incomplete				From: month year To: month year
VOCATIONAL SCHOOL <input type="radio"/> Graduated <input type="radio"/> Currently Attending <input type="radio"/> Incomplete				From: month year To: month year
COLLEGE <input type="radio"/> Graduated <input type="radio"/> Currently Attending <input type="radio"/> Incomplete				From: month year To: month year
COLLEGE <input type="radio"/> Graduated <input type="radio"/> Currently Attending <input type="radio"/> Incomplete				From: month year To: month year
OCCUPATIONAL LICENSE/CERTIFICATION				
Title: _____ Issued by: _____ State: _____				
Date Issued: ____ ____ ____ Expiration Date: ____ ____ ____				

EMPLOYMENT

(Please note we DO NOT contact employers. This information is used to create a basic fact sheet)

What Is Your Career Goal? _____

What Type of Work Are You Currently Seeking? _____

Current/Most Recent Employer: _____ City: _____ State: _____

Job Title: _____ Start Date: month | year End Date: month | year

Main Duties: _____

Salary: \$ _____ per Hour Week Month Year _____ Number of hours worked per week

Reason for leaving: _____

Next Most Recent Employer: _____ City: _____ State: _____

Job Title: _____ Start Date: month | year End Date: month | year

Main Duties: _____

Salary: \$ _____ per Hour Week Month Year _____ Number of hours worked per week

Next Most Recent Employer: _____ City: _____ State: _____

Job Title: _____ Start Date: month | year End Date: month | year

Main Duties: _____

Salary: \$ _____ per Hour Week Month Year _____ Number of hours worked per week

Reason for leaving: _____

I certify to the best of my ability that the above information is true, and I agree to abide by the posted Career Center Code of Conduct. I agree that any information I have supplied on this form is subject to verification.

Signature

Date