



# 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. Do you want your resume to be listed on America's Job Bank(AJB) on the Internet for employers to see?  Yes  No

25. If you answered yes to question 24, do you want your address and telephone information to be listed on AJB?  Yes  No  
 If you answered no, you must provide an e-mail address (see question 16) in order for a potential employer to contact you.

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)	Job Title	Experience in this Job	
		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  Yes  No  Unknown Econ. Disadvantaged  Yes  No  Unknown  
WOTC  Yes  No  Unknown TRA  Yes  No  Unknown  
Rapid Response  Yes  No  Unknown MSFW  Yes  No  Unknown