WE ARE YOUR DOL

NEW YORK STATE | Department of Labor

Division of Employment and Workforce Solutions

Career Services Registration

Please Print Clearly

Customer Data

Social Security Number _____ New York ID Number: NY _____

Last name _____ First name _____ M.I. _____

Birth date _____ Gender: ☐ Male ☐ Female ☐ Non-Binary

Street address _____

City _____ State _____ Zip Code _____

County _____ Country _____

Phone number _____ Cell phone number _____

E-Mail address _____

Are you a US Citizen? ☐ Yes ☐ No

If not, are you authorized to work in the United States? ☐ Yes ☐ No

Do you have a **High School Diploma or a GED/TASC**? ☐ Yes ☐ No

If no, what is the highest school grade you completed? _____

Do you have **limited English skills**? ☐ Yes ☐ No

If yes, what is your Primary Language? _____

Note: The Ethnicity and Race question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and Affirmative Action requirements.

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: (Check all that apply)

☐ White	☐ Black or African American	☐ American Indian or Alaska Native	☐ Chinese
☐ Asian Indian	☐ Filipino	☐ Korean	☐ Bangladeshi
☐ Pakistani	☐ Japanese	☐ Vietnamese	☐ Nepalese
☐ Burmese	☐ Thai	☐ Other Asian	☐ Native Hawaiian
☐ Guamanian and Chamorro	☐ Samoan	☐ Other Pacific Islander	

The New York State Department of Labor is an Equal Opportunity Employer.
If requested. Program auxiliary aids and services are supplied to individuals with disabilities.

Military

If you were born after December 31, 1959, and assigned male at birth, are you registered with the US Military Selective Service? ☐ Yes ☐ No

If yes, date of active service: From _____ to _____

Branch of service: _____

Employment Preferences

Which kinds of jobs are acceptable?

Work week: ☐ Full-time (30 hours a week or more)

☐ Part-time (Less than 30 hours per week)

☐ Any

Duration: ☐ Regular (More than 150 days)

☐ Temporary (3 days or fewer)

☐ Regular or Temporary (4-150 days)

Minimum acceptable salary required: $ _____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year

Which shift(s) are you willing to work? (Check all that apply)

☐ First (A shift that begins in the morning) ☐ Second (A shift that begins in the afternoon/early evening)
☐ Third (A shift that begins at night) ☐ Split ☐ Rotating ☐ Any

Trade Adjustment Assistance (TAA)

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for **Trade Adjustment Assistance**? ☐ Yes ☐ No

If Yes, TAA petition number: _____

If No, were you separated from your employment due to foreign trade? ☐ Yes ☐ No

Objective and Work History

Employment objective/kind of work wanted (Job title) _____

Are you willing to travel? ☐ 25 ☐ 50 ☐ 100 miles from Zip code _____

List the last two employers for whom you worked. Enter the most recent employment first. Complete all required items for each employer. Include as much detail as possible to improve our chances of helping you find work.

Job title _____ Employer _____
Address _____
City _____ State _____ Country, if not US _____
How many hours a week did you work? _____ Start date _____ End date _____

Wage $ _____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year
Reason for leaving:

_____

Job duties:

_____

Job title _____ Employer _____
Address _____
City _____ State _____ Country, if not US _____
How many hours a week did you work? _____ Start date _____ End date _____

Wage $ _____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year
Reason for leaving:

_____

Job duties:

_____

Education, Certificates, Licenses

Check the highest level of education you have completed:

K-12: ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐10 ☐ 11 ☐ 12/HS graduate

☐ 12/no degree ☐ HS Equivalency (TASC, GED)

Post-secondary (after high school):

☐ HS+1 year/no degree
☐ HS+1 year vocational cert
☐ HS+1 year Associate's degree
☐ Bachelor's degree
☐ HS+2 years/no degree
☐ HS+2 years vocational cert
☐ HS+2 years Associate's degree
☐ Master's degree
☐ HS+3 years/no degree
☐ HS+3 year vocational cert
☐ HS+3 years Associate's degree
☐ Doctorate degree

Do you have **reliable transportation** to and from work? ☐ Yes ☐ No

Do you have a **driver's license**? ☐ Yes ☐ No

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)

Endorsements:
☐ Passenger Transport
☐ Hazardous Materials
☐ Tank Vehicles
☐ Motorcycle
☐ School Bus
☐ Doubles/Triples
☐ Tank Hazard
☐ Air Brakes

Do you have an **occupational certificate or license**? ☐ Yes ☐ No

Certificate/License _____Issuing organization or locality _____
Issue date _____ State _____ Country _____

I certify that the information given on this document is true and accurate to the best of my knowledge.

Signature _____ **Date** _____