



Field Registration Form

* Required information

Date: _____

Job Seeker

*First name _____ M.I. ____ *Last name _____ Birth Date: ____/____/____

*Street address _____ Apt. # _____

*City _____ *State _____ *Zip Code _____ County _____

Tel (____) _____ - _____ Mobile (____) _____ - _____ E-Mail _____

*Are you a US Citizen? No Yes Social Security # _____ - _____ - _____

*If not, are you authorized to work in the United States? No Yes, Alien Registration Number _____

Do you have a preferred language other than English? No Yes _____

*Are you a Farm Worker? No Yes. Check one of the following:

Migrant Farm Worker (moves from farm to farm) Migrant Food Processor

Seasonal Farm Worker Year-round Farm Worker

Work History

List the last two employers for whom you have 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 _____ Telephone _____

City _____ State _____ Country, if not U.S. _____

Start date (mo/yr) ____/____/____ End date (mo/yr) ____/____/____

Wage \$ _____ per hour / day / week / month / year / piece rate _____

How many hours per week did you work? _____

Reason for leaving _____

Job duties _____

Job title _____ Employer _____

Address _____ Telephone _____

City _____ State _____ Country, if not U.S. _____

Start date (mo/yr) ____/____/____ End date (mo/yr) ____/____/____

Wage \$ _____ per hour / day / week / month / year / piece rate _____

How many hours per week did you work? _____

Reason for leaving _____

Job duties _____

Job Preference

What job are you looking for? _____

Which kinds 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
 Seasonal/Temporary
 Any

Minimum acceptable wage \$ _____ per

- Hour Day Week Month Year
 Other _____

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

Education, Certificates, Licenses

*What is the highest education level you completed? High School or GED College Other _____

Do you have an advanced degree, diploma or educational certificate? Yes No

Course of Study _____ Degree _____ Date completed (mo/yr) ____ / ____
Issuing institution _____ State _____ Country _____

Do you have an occupational certificate or license? Yes No

Certificate/License _____ Issuing organization or locality _____
Issue date: (mo. /yr.) ____ / ____ State _____ Country _____

Additional Certificate/License _____ Issuing organization or locality _____
Issue date: (mo. /yr.) ____ / ____ State _____ Country _____

Are you attending a secondary, vocational, technical or academic school full-time? (12 hrs. or more) Yes No

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

Do you have a driver license? Yes No

Issuing state _____

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 a vehicle available for transportation to and from work? Yes No

Skills

List your skills and abilities that you used in your job(s) or learned through school or training. Examples are carpentry, welding, farm equipment operation, tractor driving, skid steer or chain saw operation, construction, PTO, landscaping, engine repair, masonry, cooking/restaurant work, typing or computer skills.

List all languages you speak and/or write fluently: _____

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If requested, program auxiliary aids and services are supplied to individuals with disabilities.**