

# WE ARE YOUR DOL



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)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese         |
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Korean                           | <input type="checkbox"/> Bangladeshi     |
| <input type="checkbox"/> Pakistani              | <input type="checkbox"/> Japanese                  | <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> Nepalese        |
| <input type="checkbox"/> Burmese                | <input type="checkbox"/> Thai                      | <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Guamanian and Chamorro | <input type="checkbox"/> Samoan                    | <input type="checkbox"/> 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):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> HS+1 year/no degree          | <input type="checkbox"/> HS+2 years/no degree          | <input type="checkbox"/> HS+3 years/no degree          |
| <input type="checkbox"/> HS+1 year vocational cert    | <input type="checkbox"/> HS+2 years vocational cert    | <input type="checkbox"/> HS+3 year vocational cert     |
| <input type="checkbox"/> HS+1 year Associate's degree | <input type="checkbox"/> HS+2 years Associate's degree | <input type="checkbox"/> HS+3 years Associate's degree |
| <input type="checkbox"/> Bachelor's degree            | <input type="checkbox"/> Master's degree               | <input type="checkbox"/> 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?
- |   |   |
|---|---|
| <input type="checkbox"/> Class A (Tractor Trailer)    | <input type="checkbox"/> Class B (Truck/Bus)  |
| <input type="checkbox"/> Class C (Light Truck Com'l.) | <input type="checkbox"/> Class Cn (C-non-CDL) |
| <input type="checkbox"/> Class D (Operators)          | <input type="checkbox"/> Class E (Taxi)       |
| <input type="checkbox"/> Class M (Motorcycle)         |   |

- Endorsements:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Passenger Transport | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Tank Vehicles   |
| <input type="checkbox"/> Motorcycle          | <input type="checkbox"/> School Bus          | <input type="checkbox"/> Doubles/Triples |
| <input type="checkbox"/> Tank Hazard         | <input type="checkbox"/> 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** \_\_\_\_\_