



CUSTOMER REGISTRATION FORM

Date: _____

I. GENERAL INFORMATION

Social Security # _____ Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____ State _____ Zip _____

County _____ Sex: Male Female
*Date of Birth (Proof must be shown - driver's license, passport, NYS ID card, or DHS Benefit Card) _____

How do you prefer to be contacted? (Check all that apply)

- Mail
- Primary Phone _____
- Alternate Phone _____
- Fax Number _____
- E-Mail _____

Are you registered with Selective Service? Yes No
 (Males born on or after January 1, 1960)
 If No, did you willfully avoid registration? Yes No

Are you a US Citizen? Yes No
 If not, are you authorized to work in the US? Yes No

Ethnicity: White (not Hispanic) Black, or African American Hispanic or Latino
 Alaskan/American Indian Asian (not Hispanic) Hawaiian/Pacific Islander Other

II. Education

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

Education/Training: (check highest level completed): Less than High School High School Diploma or GED
 Some College Licensed Certification _____
 Name of Issuing Organization _____ Date of Issue _____

Vocational Degree Associates Degree Bachelor's Degree Master's Degree Doctoral Degree

_____ Name of College or University & Location _____ Course of Study _____ Date of Issue _____

Grade: (Circle highest level)

No Grade 1 2 3 4 5 6 7 8 9 10 11 or Disabled with Certificate/IEP GED HS Graduate

High School +: 1 year 2 years 3 years college or voc/tech Bachelor's or equivalent

Are You: Employed? Or Unemployed? Number of Weeks Not Employed _____

III. ADDITIONAL INFORMATION

What is your disability status? Disabled Not Disabled Are you a migrant/seasonal worker? Yes No

Are you or any member of your household receiving PA? Yes No TANF? Yes No Safety Net? Yes No

Food Stamps or Other Income Support? Yes No Are you participating in the Jobs Program? Yes No

Are you a Veteran? Yes No Dates of Active Service ____/____/____ through ____/____/____

Are you receiving compensation for a service-connected disability? Yes No If yes, list% of disability: _____

Was your family income less than \$40,000 in the past year? Yes No Number of family members in your household? _____

IV. OBJECTIVE:

List employment goals (kinds of work wanted, job title of field related to your career plan)

I am willing to work within: (Circle One) 5 10 25 50 100 miles of zip code _____

V. WORK HISTORY

Enter the most recent employment first. If you have job experience, you must complete all required items for each employer.

Employer _____ Start Date ____/____/____ End Date ____/____/____
Address _____ Wage _____ per hour/ week/ month/ year Hours per week _____
City _____ State _____ County _____ Country, if not US _____
Job Title _____ Reason for Leaving _____

If you were laid off from your job, please fill in the last date of employment ____/____/____

If the plant closed, please indicate the date of closure ____/____/____

Job Duties _____

Employer _____ Start Date ____/____/____ End Date ____/____/____
Address _____ Wage _____ per hour/ week/ month/ year Hours per week _____
City _____ State _____ County _____ Country, if not US _____
Job Title _____ Reason for Leaving _____

If you were laid off from your job, please fill in the last date of employment ____/____/____

If the plant closed, please indicate the date of closure ____/____/____

Job Duties _____

Job Skills: List at least one. Include skills and abilities that you used in your job(s) or that you have learned through school or training. For example, laboratory techniques, carpentry, welding, ability to read blueprints, typing, computer skills such as word processing software, programming languages, or computer assisted design.

I attest that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

Downtown Rochester
255 North Goodman St.
Rochester, NY 14607
T: 585-258-3500
Monday - Thursday
8:30 am - 4:30 pm
Friday, 8:30 am - 12:00 pm

Department of Labor
276 Waring Rd.
Rochester, NY 14609
T: 585-266-7760
Monday - Friday
8:30 am - 4:30 pm



RochesterWorks! Membership Registration

Please answer the following questions and complete the attached Customer Registration Form so that you can become a member of RochesterWorks! and take advantage of our Career Center services.

1) What kind of job or career are you looking for?

2) Are there any jobs in this field? Yes or No or Not sure

3) Do you have the skills and training to find the job you want? Yes or No or Not sure

4) Here are some common barriers to employment. Please check any which you think may effect your ability to find or keep a job:

- Lack of skills/education/training
- Lack of experience or an inconsistent work history
- Poor interviewing Skills
- Inadequate job search tools (resume, cover letter, etc.)
- Age
- Physical or mental disability
- Transportation limitations
- Lack of childcare
- Family problems
- Legal/criminal issues
- Other _____
- Other _____

5) Any additional comments about your job search or career goals _____

RochesterWorks! is an equal opportunity program.
Auxiliary aids and services are available upon request to individuals with disabilities.