

ATTACHMENT D

**Workforce Development Resource Center
New Customer Registration**

Please take a moment to complete the following information. The information is used to determine how our staff can assist you and determine funding sources that can best assist you. All Information is kept CONFIDENTIAL and is shared with WDRC partners ONLY. 9/6/02

Last Name		First Name		Middle Initial	Social Security Number	
Street Address		Apt #		City, State		Zip
County of Residence	U S Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Birth (dd/mm/yy)	Telephone Number		Race (Circle One) Black _____ White _____ Hispanic _____ Asian _____ Native American _____ Other _____
Career Interest		Wages Expected (Hourly/Salary)		Education Level (Circle the highest school grade that you have received)		
How did you hear about WDRC		Family Size		Grade School	High School	Post Secondary Education
Labor Force Status: (Circle One)		Education: Circle the highest degree that you have received		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		
Employed	Not employed		None	GED	HS Diploma	
Employed but laid off for the next 180 days	Not employed due to permanent lay off		Certificate/license	Master	Associate	
Veteran Status (Circle One)		Gender (Circle One)		Individual with disability (Circle One)		
Yes	No	Male	Female	Yes	No	
If yes, please complete page 2			If yes, Type of disability			
I would like assistance with the following services (Circle all that apply)			Current source of Income (Circle all that apply and Approximate \$ over last 6 months)			
Internet Access	Computer Access	Job Market	Employment _____	Unemployment Comp. _____		
Resume Writing	Education/Training	Skills Evaluation	Social Security _____	VA Payment _____		
Interviewing Skills	GED Preparation	Use of phone, fax, postage	Self-Employment _____	Retirement _____		
Career Planning	Job Retention		Child Support _____	Alimony _____		
	Other		Workers Comp _____	Other _____		
			Public Assistance _____			
If you receive unemployment when did the benefit start?		Are the benefits exhausted?		Yes	No	
Are you a convicted felon?		Yes	No	Do you have a valid drivers license		Yes No
Ohio Counties that you would consider employment Please list below:			Other states that you would consider employment Please list below:			
What length of time are you interested in working: (Circle One)			Are you interested in part time or full time: (Circle One)			
Permanent (over 150 days)	Short Term 1-3 days		Full Time	(30 hours/week or more per week)		
Long-Term Temp (4-150 days)	Summer Only		Part Time	(Less than 30 hours per week)		
Any of the above			Any			
What is your shift preference: (circle One)			1 st	2 nd	3 rd	Rotation Any
Do you live in the Huntington-Ironton Empowerment Zone Area: (Circle One)			Yes	No		
Empowerment Zone Area is Railroad St to Spruce St. and River to Hill (Map is Available)						
Release of Information:						
I, _____, agree that the staff of the Workforce Development Resource Center and all partners herein may exchange and disclose information on me in order to make determinations of my eligibility for benefits and/or services provided by programs under partner agencies. I further agree that information regarding any employment obtained may be verified by my employer.						
Signature:			Date:			
For Office use Only:						
Staff Intake Signature:		Referred to:		Date:		

23. VETERAN SERVICES														
P A R T A	Have you ever served in the military or has your spouse ever served in the military? If yes, you may be entitled to preference in referral to jobs.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	If you answered "No," go to item 24. If you answered "Yes," and you are a veteran, complete part B and part D of this item. If you answered "Yes," and you are the spouse of a veteran, complete part C of this item.													
P A R T B	1. I served on active duty for a period of over 180 days and was discharged or released therefrom with other than a dishonorable discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	2. I served as a member of a reserve component or national guard unit ordered to active duty for a (length of) time during a period of war and was discharged or released from such duty with other than a dishonorable discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	3. I served as a Vietnam Era Veteran some time between August 5, 1964 and May 7, 1975.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	4. I served before August 5, 1964 or after May 7, 1975.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	5. I served during the period beginning February 28, 1961 thru August 4, 1964, in the Republic of Vietnam, Laos, Cambodia, Thailand or the adjacent waters.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	6. I was discharged or released from active duty due to a disability incurred in or aggravated by military service.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	7. I have been rated at 30% or more by the VA for a service connected disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	8. I have a service connected disability rated by the VA at less than 30%.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	9. I was separated from the military within the past 48 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
P A R T C	If you are not a veteran, are you entitled to service because you are the spouse of any member of the armed service who:													
	1. Died as the result of a service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	2. Has a permanent, total disability resulting from a service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	3. Died while that disability was in existence?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	4. Is listed and has been listed as missing in action for more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	5. Is listed and has been listed as captured in the line of duty by hostile forces for more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	6. Is or has been forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
7. Does not fit any of these descriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
P A R T D	1. What date did you enter active military service?	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> </table>							Month		Day		Year	
Month		Day		Year										
2. What date were you discharged from active military service?	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> </table>							Month		Day		Year		
Month		Day		Year										