

Membership Form

General Information *Please complete all sections.*

- ▶ Social Security Number _____ - _____ - _____
- ▶ First Name _____ ▶ Middle Initial _____ ▶ Last Name _____
- ▶ Address _____
- ▶ City _____ ▶ State _____ ▶ Zip _____
- ▶ Home Phone (____) _____ - _____ ▶ e-mail _____
- ▶ Gender Male Female
- ▶ Race White African American Hispanic Asian Other _____
- ▶ Date of Birth Month _____ Day _____ Year _____
- ▶ Worked in agriculture or food processing in the past 12 months Yes No

Additional Information

- ▶ Are You: Employed Unemployed ▶ Are You A Dislocated Worker? Yes No
- ▶ Do you have: A Disability/handicap Yes No If yes, please describe: _____
- ▶ What is your primary language? _____ ▶ Second Language Proficient? Yes No
If yes, what is it? _____
- ▶ Are You Currently attending School? Yes No
- ▶ What is the Highest Degree you have completed?
- | | | |
|--|--|---|
| <input type="checkbox"/> Less than High School (grade completed _____) | <input type="checkbox"/> General Equivalency | <input type="checkbox"/> Post Secondary w/High School |
| <input type="checkbox"/> High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Master Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Other Advanced Degree | | |
- ▶ Are You: Single Married ▶ What is your Family Size? _____ ▶ What is your family income for the
past 6 months? \$ _____ a month.
- ▶ What is your Career Objective? _____

Military Service: Yes No If yes, please fill in your Military Background below:

- ▶ Branch: Air Force Army Coast Guard Marines Navy Reserves
- ▶ Service Dates: (mm/dd/yy) _____ / _____ / _____ to _____ / _____ / _____
- ▶ Discharge: Honorable Honorable Conditions Other Than Honorable
 Medical Service Condition Bad Conduct Dishonorable
- ▶ Other Veteran Attributes, please check all that apply:
- | | |
|--|--|
| <input type="checkbox"/> Disabled Veteran, VA rated percent of disability: _____ % | <input type="checkbox"/> Campaign Badge |
| <input type="checkbox"/> Recently Separated Veteran | <input type="checkbox"/> Reserve time/Training only |
| <input type="checkbox"/> Served in Vietnam (in country) | <input type="checkbox"/> Desert Storm/Desert Shield (in country) |
| <input type="checkbox"/> Served in: _____ (in country) | <input type="checkbox"/> Served in: _____ (in country) |

Education Information

Education

Institution: _____
Type of Degree: _____
Start Date (mm/yy): _____ / _____

Major: _____
Status: Complete Incomplete In Course
End Date (mm/yy): _____ / _____

Occupational License/Registration/Certification

Type: License Registration Certification
Issued by: _____
Date Issued: _____ / _____ / _____

Title: _____
State: _____
Expiration Date: _____ / _____ / _____

Employment History

Please Note: We do NOT contact employers. This information will be used to create a basic Fact Sheet for your resume.

▶ **Current/Most Recent Employer:** _____ City _____ State _____

Job Title _____ Start Date _____ / _____ / _____ End Date _____ / _____ / _____

Main Duties _____

Salary: \$ _____ Hourly Weekly Monthly Yearly Reason for Leaving: _____

▶ **Next Most Recent Employer:** _____ City _____ State _____

Job Title _____ Start Date _____ / _____ / _____ End Date _____ / _____ / _____

Main Duties _____

Salary: \$ _____ Hourly Weekly Monthly Yearly Reason for Leaving: _____

PLEASE READ

EQUAL OPPORTUNITY POLICY: CareerWorks is an Equal Employment Opportunity/Affirmative Action Organization. It is our policy to abide by all Federal, State and local laws.

COMPLAINT POLICY: If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to file a complaint. If you wish to file a complaint, please see a staff member for assistance.

CONFIDENTIALITY: CareerWorks uses the information you give us on this form to help you find employment and/or training. Only information that is directly related to helping you find employment will be shared with employers. The information on this form will also be available to Federal, State, and local government employers, subcontractors, and satellite centers whose job requires this information and who are authorized by Federal and State laws to receive the data.

I hereby certify and attest, under penalty of perjury, that the information stated on this form is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for termination from the program. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. My signature also attests to the fact that I have been supplied with a description of the full array of available activities and services, as well as with procedures for filing a formal grievance and/or an equal opportunity complaint.

I understand the statements contained on this page and I authorize CAREERWORKS to verify the information provided on my application.

Signature: _____

Date: _____

**Please review the information on both sides of this form to ensure all fields are complete and the information is accurate.
Thank you and Welcome to CareerWorks!**

CareerWorks is an Equal Employment Opportunity/Affirmative Action Employer.
Auxiliary aids or services are available upon request to individuals with disabilities.