

# Welcome To Our VI Career Network One Stop Center

HOW CAN WE HELP YOU? ( Please check all that apply)

- Help finding work / Job referrals
- Information about Unemployment Insurance (UI)
- Information about services for job seekers with disabilities
- Help finding a new career that fits my skills and interest
- Vocational /Occupational training
- Job search skills (resume writing, how to look for work, interviewing, keeping the job etc.
- Information about education (GED)
- To improve my basic skills (Reading, Math)
- To learn English
- Information about YouthNet and / or Youth Services

DATE

## I need

Other

LAST NAME  FIRST NAME  MIDDLE INITIAL

SSN  DATE OF BIRTH  ALIEN #  Gender

STREET ADDRESS

CITY  STATE  ZIP CODE

MAILING ADDRESS

CITY  STATE  ZIP CODE

HOME PHONE  WORK PHONE  CELL PHONE

EMAIL  Registered with Selective Service?  ETHNICITY:

EDUCATION STATUS: Highest grade  EMPLOYMENT STATUS: Are you currently working?

What kind of work are you looking for? Or main occupation?

Degrees, licenses or credentials you hold:

## ADDITIONAL INFORMATION:

- |  |  |
|--|--|
| <input type="checkbox"/> Migrant/ Seasonal Farm Worker | <input type="checkbox"/> Receiving Unemployment  |
| <input type="checkbox"/> Refugee /Asylee               | <input type="checkbox"/> Veteran of the US Military                                    |
| <input type="checkbox"/> Homeless                      | <input type="checkbox"/> Current or former Foster Youth                                |
| <input type="checkbox"/> Ex- Offender                  | <input type="checkbox"/> Person with Disability  |
|  | <input type="checkbox"/> Received Unemployment (within the last 12 months)             |
|  | <input type="checkbox"/> Receiving Public Assistance (GA, TANF, Food Stamps, RCA, SSI) |

## WORK HISTORY (Please start with last job held)

1. Company Name  Company Address

Start Date  End Date  Job Title

City  State  Job Duties

Hourly Wages \$   PT  FT Reason for leaving

2. Company Name  Company Address

Start Date  End Date  Job Title

City  State  Job Duties

Hourly Wages \$   PT  FT Reason for leaving

3. Company Name  Company Address

Start Date  End Date  Job Title

City  State  Job Duties

Hourly Wages \$   PT  FT Reason for leaving

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature  Date

Parent Signature  Date

**FOR UNEMPLOYMENT INSURANCE APPLICANTS ONLY**

1. Do you expect to be recalled by the employer who laid you off? 1.
2. If yes, what is the approximate recall date?  2.
3. Have you worked in any other state within the last 18 months? 3.
4. If yes, what state was it?  4.
5. Have you worked in any Military and /or federal service? 5.
6. Are you required to make Child Support payments? 6.
7. Are you a U. S. citizen? 7.
8. Are you a Permanent Resident? Alien #  8.
9. Is there any reason you cannot work right now? 9.
10. Have you worked since Sunday of this week, if so amount earned? 10.  \$

I hereby register for work and claim unemployment benefits. I know that the law prescribes penalties for false statements made in connection with this claim. I CERTIFY under penalty or perjury that the statements made in connection with claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the Privacy Act of 1974 (PL 93-579). I AUTHORIZE my former employer(s) to release all information requested in connection with your claim for unemployment compensation. I am furnishing my Social Security number as required by the Deficit Reduction Act (DEFRA) (PL 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purpose of income and eligibility verification.

Signature  Date:

Interviewer Signature  Date:

**\*\*\* FOR OFFICIAL USE ONLY \*\*\***

Staff Initials

Right- to - Work Documents Viewed:

AOSOS Customer ID Assigned:

Date

Is there any reason that you cannot work right now?  
Have you worked since sunday of this week, if so , what is  
the amount earned?  
\$

**CUSTOMER REFERRAL / ACTION PLAN**

**TALENT DEVELOPMENT**

- Workforce Intelligence
- Computer Literacy
- Career Assessment
- In-depth Skills Assessment
- Career / Technical Education
- Vocational Training
- On- line Training / Distance learning
- Tuition Assistance
- Subsidized Employment
- Support Services
- Pre - Employment Skills
- Basic Skills
- Soft Skills

**TALENT MARKETING**

- Workforce Intelligence
- Resume Assistance
- Interviewing Assistance
- Job matching / Referrals
- Pre-screening / Referrals
- Job Fairs
- Employment Networking
- Job Coaching / Career Counseling
- Employer Orientations / Interviews

**UNEMPLOYMENT INSURANCE**

- New Registrant
- Update infomation
- BRI Date