



# Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School ID #: \_\_\_\_\_

Where were you born? \_\_\_\_\_

Are you authorized to work in the United States? Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text Message Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Example (MM-DD-YYYY) Gender: Male  Female  Does Not Disclose

Have you registered with the Selective Service? Yes No N/A

All males born after 12/31/1959 are required to have registered with Selective Service.

Are you a U.S. Citizen?  Yes  No

If No: Alien Registration No: \_\_\_\_\_ Expiration (MM/DD/YEAR): \_\_\_\_\_

Do you have a disability?  Yes  No  Do not wish to answer

### Your highest education level achieved

- \_\_ Grade completed did not receive diploma
- High school diploma
- Vocational school certificate
- Bachelor's degree
- Doctorate degree
- General equivalency degree (GED)
- \_\_ Years of college/technical/vocational school
- Associates degree
- Master's degree
- Specialized degree (e.g. MD, DDS)

### Are you attending school?

- No, not attending any school
- Yes, Attending high school, junior high, middle school or elementary school
- Yes, attending an alternative high school
- Yes, attending college or a technical or vocational school
- School Name \_\_\_\_\_
- Program enrolled in \_\_\_\_\_
- Program Graduation Date (Month/Year) \_\_\_\_\_

### Current Employment Status

- Working full time
- Working part time
- Not working
- Never worked
- Other

### Type of business worked in:

- Private Business
- Nonprofit
- Education (K-12)
- Local government
- Higher education
- Have never worked
- Federal government
- State government
- Other

### Are you receiving Unemployment Insurance?

- No, Neither claimant nor Exhaustee
- Yes, Claimant, referred by WPRS
- Yes, Claimant, not referred by WPRS
- Yes, Exhaustee

Are you currently looking for work?  Yes  No

Within the last 12 months, have you received a notice of termination of layoff from your job or received documentation that you are separating from military service?  Yes  No

Current Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Wage/Hr \_\_\_\_\_

**Demographics**

**Are you of Hispanic or Latino heritage?**  Yes  No  Do not wish to answer

**Race – please check all that apply:**

- African American/Black
- American Indian/Alaskan Native
- Asian
- Hawaiian/Other Pacific Islander
- White
- I do not wish to answer

Privacy Agreement

I authorize the exchange of information relating to prior assessment(s) for training and employment including work history, quarterly wage data, and Unemployment Compensation benefits with HireNet System Partners.

This Release of Information does not authorize the disclosure of any medical information or any other restricted third party information.

I understand that this information will be used to determine eligibility for employment and training services, will assist in the development of my individual training plan for education and/or employment, and will be used for statistical purposes.

I allow the HireNet System Partners identified to release to each other the requested information when I am referred to partner services. I understand the information will be used only on an as needed basis and will remain confidential, to the extent required and/or permitted by law. This information cannot be shared with any other entity without my written permission.

A copy of this Release of Information is as valid as the original. This Release is valid for both program and follow-up services.



**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Are you in the military, a veteran, or the spouse of a veteran?** Yes No

**Military Veterans ONLY**

**Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?**  Yes  No

**If you answered yes, please indicate your transitioning type:**

- N/A
- Within 24 months of retirement
- Within 12 months of discharge

**Have you served in active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?**  Yes  No

**Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service-connected disability?**

- Yes
- No

**Military service entry date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Example (MM-DD-YYYY)

**Military service discharge date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Example (MM-DD-YYYY)

**Received or eligible for a military campaign badge:**

- Yes, I have received or I am eligible for a military campaign badge.
- No, I have not received nor am I eligible for a military campaign badge.

**Branch of Service:**  N/A  Army  Navy  Air Force  Marines  Coast Guard  Army or Air National Guard

**Active in the military reserves:**  Yes  No  Not specified

**Character of service:**  Honorable  Under Honorable Conditions (General)  Uncharacterized  Dishonorable  Bad Conduct  Under other than Honorable Conditions  Other Character of Service \_\_\_\_\_

**Disabled veteran:**  No  Yes, disabled  Yes, special disabled (greater than 30%)

**Disability Percentage** \_\_\_\_\_

**Homeless veteran:**  Yes, I am a homeless veteran  No, I am not a homeless veteran

**Referred by Veteran's Voc Rehab:**  Yes  No