



# REGISTRATION FORM

Date (MM/DD/YY) ___/___/___		Social Security Number:				
First Name		MI:	Last Name			
Address		City		State	Zip Code	
Mailing Address (If Different)		City		State	Zip Code	
Phone Number		Alternate Phone Number		Text Cell Phone Number		
Date of Birth ___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email Address			
<b>Citizenship:</b> <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A lawful permanent resident (Alien#) _____ <input type="checkbox"/> An Alien Authorized to work (Alien# or Admission#) Expiration date: ___/___/___						
<b>Race:</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> I do not wish to answer			<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino Heritage <input type="checkbox"/> Haitian Heritage			
<b>Languages Spoken:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____						
<b>Driver's License:</b> <input type="checkbox"/> Class A - Tractor Trailer over 13 tons <input type="checkbox"/> Class E – Regular Operator's License <input type="checkbox"/> Class B - Single Vehicle 13 tons or more <input type="checkbox"/> Class F – Other: _____ <input type="checkbox"/> None						
<b>Currently Enrolled in School:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Highest Education Level:</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Specialized Degree (MD/DDS)			<b>Employment Status (Check all that apply)</b> <input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Not employed and seeking employment <input type="checkbox"/> Employed but seeking new employment <input type="checkbox"/> Employed- plan to remain with current employer			
<b>Do You Have a Disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Ex-Offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Work History:</b> Employer Name		City/State	Job Title	Start/End Date	Salary	Reason for leaving
What type of work are you interested in?						
What types of training have you had?						
What types of training are you interested in receiving?						
Is there anything holding you back from being able to work?						

**Please let us know if you are only interested in the following. Please check all that apply.**

<input type="checkbox"/> Computer/Resource Room	<input type="checkbox"/> Resume Assistance	<input type="checkbox"/> Labor Market Information	<input type="checkbox"/> Job Search Assistance
<input type="checkbox"/> Self-Service Activities	<input type="checkbox"/> Interviewing Skills	<input type="checkbox"/> Job Referral	<input type="checkbox"/> Workshops

**I certify that by completing this form, I am granting permission to CSH to create a new registration account for me in Employ Florida or update an existing account. I understand my information will be shared, as applicable, to potential employers.**

Have you or your spouse served in the U. S. Military?  Yes  No (If yes, please complete Veteran information on the back of this form.)  
 Are you a Migrant Seasonal Farm Worker (MSFW)?  Yes  No (If yes, please complete MSFW information on the back of this form.)

## Veteran Intake Information

### Section A

Branch of Service \_\_\_\_\_  Disabled \_\_\_\_\_%  Special Disabled \_\_\_\_\_%  
Service Dates \_\_\_\_\_ to \_\_\_\_\_ Additional Service Dates \_\_\_\_\_ to \_\_\_\_\_  
Character of Service at discharge?  Honorable  Dishonorable  Other: \_\_\_\_\_  
Have you received a military campaign badge?  Yes  No  
Are you seeking staff-assisted employment services?  Yes  No  
What brings you to the career center? \_\_\_\_\_

### Section B

Are you a U.S. Military veteran who served in the Republic of Vietnam between 02/28/61 – 05/07/75?  Yes  No  
Are you a Vietnam-era veteran who served in the active U.S. Military between 08/05/64 – 05/07/75?  Yes  No  
Are you currently active in the U.S. Military and will be  retiring within 24 months or  separating within 12 months, and:  
 18-24 years old?  
 Being discharged through a Reduction in Force (RIF)?  
 Received a signed DD eForm 2648 that indicates you did not meet Career Readiness Standards?  
Are you a wounded, ill, or injured Service Member receiving care at a Warrior Transition Unit (WTU) or Military Treatment Facility (MTF)?  Yes  No  
Are you a caregiver for a wounded, ill, or injured Service Member, receiving care at a WTU or MTF?  Yes  No  
If you answered "yes" to any of the questions in this section, you may be referred for additional services.  
Are you now or have you served in a National Guard or Reserve unit that was called to or is on Active Duty due to armed conflict and/or crisis involving national security (Title 10 Activation)?  Yes, serving  Yes, have served  No  
If you did not answer "yes" to any of the questions above, please complete Section C.

### Section C

Are you a veteran who (check all that apply):  
 Served on active duty for more than 180 days? (This includes Title 10 orders.)  
 Was discharged or released from active duty because of a service-connected disability?  
 Served in support of a conflict or campaign?  
 Was released from service under a Sole Survivorship discharge?  
Are you a spouse of a veteran who:  
 Died of a service-connected disability, or while a disability was being evaluated?  
 Has been classified as a missing, captured, or detained Service Member?  
 Is 100% Total and Permanent Disabled?  
If you answered "yes" to any of the questions in this section, please complete Section D and mark all applicable options.

### Section D

Are you an eligible veteran (check all that apply):  
 Receiving VA disability compensation or have a claim pending to receive compensation?  
Are you an eligible veteran or spouse who:  
 Is homeless, at risk of homelessness, or lacks fixed regular nighttime residence, or is fleeing a violent situation?  
 Is a recently separated service member who has been unemployed for 27 or more weeks in the previous 12 months?  
 Is incarcerated or has ever been incarcerated?  
 Lacks a high school diploma or equivalent certificate?  
 Is low income or receiving public assistance?  
If you answered "yes" to any of the questions in this section, you may be referred for additional services.

### Migrant Seasonal Farm Worker

The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.

Have you worked as a Farm Worker in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the questions below.
a. Have you been employed the past 12 months in farm work of a seasonal or temporary nature? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. What is the primary crop of your farm work?
d. What is the type of work you would prefer to do?
e. What other experience or training do you have?
f. 511N Issued and Explained Date:

