



# REGISTRATION FORM

Member: Employ Florida

Jobs ETC is an initiative of the Suncoast Workforce Board

Date: \_\_\_\_\_

### General Information:

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  M  F

\*Are you a U.S. citizen?  Yes  No \*Are you authorized to work in the United States?  Yes  No

Bilingual?  Yes  No

### Race - Please check all that apply:

- African American / Black
- American Indian / Alaskan Native
- Asian
- Hawaiian / Other Pacific Islander
- White
- Information not provided

\*Are you of Haitian Heritage?  Yes  No  The information was not provided

\*Are you of Hispanic or Latino heritage?  Yes  No  The information was not provided

### Education Information:

Achieved Grade level (Please Check One)  No HS Diploma  HS Diploma/GED  AA/AS  BA/BS  MA/MS  PHD

\*Are You Attending School?  Yes  No

### Veteran Status Information:

\*Veteran?  Yes  No \* Disabled?  Yes  No

Branch of Service: \_\_\_\_\_ Specialty: \_\_\_\_\_

Dates of Service \_\_\_\_\_ Rank: \_\_\_\_\_

Vietnam ERA Served Between 8/6/64 to 5/7/1975 Have you registered with the Selective Service?  Yes  No

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

\*Are you the dependent of someone in active military service?  Yes  No

### Employment Information:

Employed? Yes No \*Have you recently received a notice of termination or military separation?  Yes  No

\*Are you currently looking for work?  Yes  No \*Are you receiving Unemployment Insurance?  Yes  No

List any special skills you might have or prior work experience:

\_\_\_\_\_  
\_\_\_\_\_

\*Class of Driver's License: \_\_\_\_\_

\*Endorsements \_\_\_\_\_

### Employment History:

List your three most recent jobs:

Company Name	Job Title/ full/part time	Dates	Salary	Reason Left

\*Do you have access to a motor vehicle?  Yes  No

\*Do you rely on public transportation?  Yes  No

\*Check any of the shifts you are willing to accept:

- Day Shift
- Swing Shift
- Graveyard Shift
- Rotating Shift
- Split Shift

### Staff use only:

*User Name:	*Password:
<i>Unique User Id (3 - 20 Characters, letters or numbers)</i>	<i>Password (8-16 characters, you must have at least one letter and one number)</i>

**PRIVACY ACT STATEMENT:** Pursuant to Chapter 119, Florida Statute Section 119.071 (5) (2): disclosure of your Social Security number is mandatory. Social Security numbers will be used by the Jobs ETC-Suncoast Workforce Board for assessing, reporting program performance, and for accountability to the state and the federal government.