

## NEW MEMBERSHIP APPLICATION

Welcome to the Solano Employment Connection. At our One-Stop Career Center you can access employment services, career assessments, vocational training, and job search assistance, whether you are employed or unemployed.

We ask only a few questions that will help us to assist you with your employment needs. Completing this Membership Application will allow you to access our career center services and job search activities.

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Birth date</b>
<b>Social Security #</b>	<b>Address</b>		<b>City, State, ZIP</b>
<b>Home Phone</b>	<b>Message Phone</b>	<b>Email Address</b>	

**Would you like to receive notification of future events? YES  NO**

**Please check all categories that apply to you – You may be eligible for additional services if you fall in any of the following categories:**

- |  |   |
|--|---|
| <input type="checkbox"/> Welfare / SSI Recipient<br><input type="checkbox"/> Student<br><input type="checkbox"/> Laid off from a job<br><input type="checkbox"/> Age 18 & younger<br><input type="checkbox"/> Age 19-21<br><input type="checkbox"/> Age 22-54<br><input type="checkbox"/> Age 55+<br><input type="checkbox"/> Disability/Medical Issues<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Currently Working _____ hours | <input type="checkbox"/> Veteran - Dates of Service ____/____/____ to ____/____/____<br><b>Time Served in Military:</b><br><input type="checkbox"/> Less than 180 days<br><input type="checkbox"/> Over 180 days<br><b>Spouse of Qualifying Veteran:</b><br><input type="checkbox"/> Who died of a service connected disability<br><input type="checkbox"/> Who is Missing in action, was captured in the line of duty or forcibly detained / interned<br><input type="checkbox"/> Who has a "total" service connected disability<br><input type="checkbox"/> Who died while a disability so evaluated was in existence |
|--|---|

**What Is Your Main Reason For Being Here Today?**

- |   |  |
|---|--|
| <input type="checkbox"/> To Attend Workshops<br><input type="checkbox"/> To Use Computers/Internet to Find a Job<br><input type="checkbox"/> Apply for UI / UI Activities | <input type="checkbox"/> To Find Vocational Training or Education<br><input type="checkbox"/> Employer recruitment<br><input type="checkbox"/> Other job search services |
|---|--|

**How Did You Hear About Our Services?**

- |  |  |                                    |                                     |
|--|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> From another Agency (Name) _____  |  |                                    |                                     |
| <input type="checkbox"/> Special Event (Where & When) _____  |  |                                    |                                     |
| <input type="checkbox"/> Employer (Name) _____   |  |                                    |                                     |
| <input type="checkbox"/> Friend / Relative   | <input type="checkbox"/> Flyer / Poster  | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Radio / TV  | <input type="checkbox"/> Applying for UI | <input type="checkbox"/> Website   |                                     |
| <input type="checkbox"/> TAA (Company re-located out of U.S.) <b>Yes</b> or <b>No</b> Name of Company: _____ |  |                                    |                                     |

**PLEASE COMPLETE BACK OF FORM**

**ETHNICITY ( Check One ):**

American Indian/Alaskan Native    Black-African American    White    Pacific Islander  
 Latino/Hispanic    Asian    Decline to State

**EDUCATION ( Check One ):**

8<sup>th</sup> Grade or Less    9<sup>th</sup> to 12<sup>th</sup> Grade    High School Diploma/GED  
 Associates Degree    Bachelor's Degree    Masters Degree    Doctorate Degree

**MISCELLANEOUS ( Check One ):**

TAA (Company re-located out of U.S.) **Yes** or **No** Name of Company: \_\_\_\_\_  
 Ex Felon **Yes** or **No** Gender:  Male    Female    Migrant Seasonal Farm Worker

**SECURITY QUESTION (Minimum 4 characters)**

What is your favorite sport? \_\_\_\_\_ or Model of your first car? \_\_\_\_\_

Do you want your mailing address to show on your resume? **Yes** or **No**

Do you have a California driver's license? **Yes** or **No** (if yes please circle class) **A B C**

What occupation are you looking for? \_\_\_\_\_ Experience: **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

<b>PLEASE LIST YOUR LAST EMPLOYER:</b>		
<i>Job Title</i>	<i>Start Date</i>	<i>End Date</i>
<i>Company Name</i>	<i>City</i>	<i>State</i>
<i>Job Duties</i>		

**Right to Work** – Only those individuals verified to be US citizens or persons legally authorized to work in the United States may receive employment and training services from the Solano Employment Connection.

**CalJOBS**- I understand that my personal information will be entered into CalJOBS, EDD's no-fee Internet job search system.

**Privacy Act Statement** – This information will be used to provide you with access to, and information about, services from the agencies representing the Solano Employment Connection (SEC). I authorize the release of this information to the SEC agencies for the purposes of providing job services, and otherwise as needed, to administer and operate the SEC One-Stop Career Centers.

**Computer Use** – I agree to use the computers and services for job search, employment and training purposes only. I have read and agree to abide by the rules stated in the Computer Disclaimer, Ethical, & Acceptable Use Policy.

**Code of Conduct** – I have read and agree to abide by the rules stated in the Code of Conduct.

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

**FOR INTERNAL OFFICE USE ONLY – CHECK & DOCUMENT AS APPROPRIATE**

- |  |  |
|--|--|
| <input type="checkbox"/> Assisted enter resume     | <input type="checkbox"/> Referral to supportive services _____ |
| <input type="checkbox"/> Referred to job CA# _____ | <input type="checkbox"/> Referral to special program _____     |
| <input type="checkbox"/> LMI                       | <input type="checkbox"/> Referred to Orientation _____         |

**RTW Docs Seen:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Seen by:** \_\_\_\_\_

**RTW doc's that need expiration dates: I-94, I-551, I-688, I-688A, I-688B, I-766, and any unexpired employment authorization document issued by Dept. of Homeland Security.**

**Entered into CISRS by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Entered into CalJOBS by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **One-Stop Location:** **FF** **VJO**