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| OMJ_logoFULLCOLOR_2.png |  **Cincinnati – Hamilton County** A proud partner of the American Job Center network |
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**REGISTRATION DATE:**

**\* Required Fields**

|  |  |
| --- | --- |
| **Last Name**: **\*** | **First Name**: **\*** |
| **SSN**: **\*** | **Date of Birth**: **\*** / / | **Gender:** |
| **Address**: **\*** | **Homeless:****⃝**  YES **⃝** NO |
| **City**: **\*** | **State**: **\*** | **Zip Code**: **\*** | **County**: **\*** |
| **Phone**: **\* ( )** | **Email:** |
| **PLEASE CHECK ALL THAT APPLY** |
| **Race**: **\*** | **⃝** American Indian | **⃝** Asian | **⃝** White | **⃝** Other |
| ⃝ Native Hawaiian/Other Pacific Islander | **⃝** Black/African-American | **⃝** Did Not Declare |
| **Ethnicity**: **\*** | **⃝** Hispanic or Latino | **⃝** Not Hispanic or Latino | **⃝** Did Not Declare |
|  |
| **Employment Info:** | Employed:**⃝** YES  **⃝** NO | Current/Most Recent Employer: |
| **Dislocated Worker Status**: **\*** | **⃝**Terminated/Laid Off | Employer: | ⃝ Self-Employed |
| ⃝ Plant Closure | Employer: | ⃝ Never been Employed |
| **⃝** Military Spouse | **⃝** Displaced Homemaker |  |
| **UI Status**: **\*****(Unemployment Insurance)** | **⃝** Currently receiving UI benefits | If so, what State: | ⃝ Have Exhausted UI benefits | **⃝** Not receiving UI benefits |
| Refugee Assistance amount $**⃝** YES  **⃝** NO | SSI amount $**⃝** YES  **⃝** NO | SSDI amount $**⃝** YES **⃝** NO | SNAP amount $**⃝** YES  **⃝** NO | TANF/OWF amount $**⃝**  YES **⃝** NO |
| Family Size: | Subsidized Housing?: **⃝** YES **⃝** NO |
|  |  |  |  |  |
| **Highest Education Level**: **\*** | **⃝** Did not Complete High School | **⃝** High School Diploma/ GED | **⃝** Some College, No Degree | ⃝ Associate Degree/ Technical Degree |
| **⃝** Bachelor’s Degree | **⃝** Graduate Degree | **⃝** Current High School Student | ⃝ Current College Student |
| **Current Trade/Vocational Training or Skills**: **\*** | **⃝** No Trade/ Vocational Training | **⃝** Some Trade/ Vocational Training | **⃝** Trade Vocational Certificate or License | ⃝ Additional Training |
|  |  |  |  |  |
| **Citizenship**: **\* ⃝** US Citizen | **⃝** Registered Alien | ⃝ Other Legal Alien | **⃝** Refugee | **⃝** Other |
| **Veteran Details:** | **Are You an Armed Forces Veteran? \*****⃝** YES  **⃝** NO | **Is Your Spouse A Veteran? \*****⃝** YES  **⃝** NO | **Are You On Active Duty?****⃝** YES  **⃝** NO | Branch & Dates: |
| I Have A Service Connected Disability Rated by the VA at % |
| **Are You Registered with SELECTIVE SERVICE?** (Applies to males born after 12/31/1959)**\*** ⃝ YES ⃝ NO ⃝ EXEMPT |
| Do You Have a Disability? **⃝** YES  **⃝** NO | Primary Language: |
| Do you have a criminal Record? **⃝** YES  **⃝** NO | Criminal Record Dates: |

**WORK HISTORY**

**Starting with most recent job:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYER** | **JOB TITLE** | **START** | **END** | **WAGE** | **CERTIFICATE****ENDORSEMENT****SKILLS** | **REASON FOR SEPARATION** |
|  |  |  |  | **$** |  |  |
|  |  |  |  | **$** |  |  |
|  |  |  |  | **$** |  |  |
|  |  |  |  | **$** |  |  |
|  |  |  |  | **$** |  |  |

**PURPOSE FOR TODAY’S VISIT:**

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| --- |
|  |

**EMERGENCY CONTACT NAME AND PHONE NUMBER:**

|  |
| --- |
|  |