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

**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 | | **⃝** Other |
| ⃝ Native Hawaiian/  Other Pacific Islander | **⃝** Black/African-American  **⃝** White | | **⃝** 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: |  |  |  |  |
|  | | | | |
| **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 Consider Yourself Disabled? **⃝** 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:**

|  |
| --- |
|  |

**EMERGENCY CONTACT NAME AND PHONE NUMBER:**

|  |
| --- |
|  |