

BURLINGTON COUNTY CUSTOMER REGISTRATION

NAME: (Last) (First) (M.I.)			
SSN:		D.O.B.:	
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
STREET:		CITY:	COUNTY:
		ZIP:	
PHONE: () ()		CELL/ALTERNATE: () ()	
		Fax: () ()	
EMAIL:		Unemployment Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL CONTACT INFO:			
Emergency Contact Person _____ Phone _____			
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Child <input type="checkbox"/> Other _____			
US CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No		ETHNICITY (OPTIONAL):	
Alien Reg #: _____		<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Alaskan/American Indian	
Expires: ____ / ____ / ____ <input type="checkbox"/> Permanent		<input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander	
		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other	
HIGHEST GRADE LEVEL: _____		Employment Status:	
SCHOOL STATUS:		<input type="checkbox"/> Employed <input type="checkbox"/> Employed but received notice of layoff	
<input type="checkbox"/> In-school, H.S. or less		<input type="checkbox"/> Not employed	
<input type="checkbox"/> In-school, Alternative School		CONTACT PREFERENCE: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Alt Phone	
<input type="checkbox"/> In-school, Post-H.S.		<input type="checkbox"/> Fax <input type="checkbox"/> E-Mail	
<input type="checkbox"/> Not attending school or Did not complete H.S.			
<input type="checkbox"/> Not attending school, H.S. Graduate			
Disability Status: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled		Registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MIGRANT/SEASONAL WORKER?		MILITARY SERVICE: <input type="checkbox"/> Service Veteran <input type="checkbox"/> Campaign Veteran	
<input type="checkbox"/> No <input type="checkbox"/> Yes, I was a:		Active Duty from _____ to _____	
<input type="checkbox"/> Migrant Farm Worker		DISABILITY: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Special Disabled	
<input type="checkbox"/> Migrant Food Processor		MILITARY BRANCH: _____	
<input type="checkbox"/> Seasonal Farm Worker			
WORK PREFERENCE: <input type="checkbox"/> F/T <input type="checkbox"/> P/T		SHIFT PREFERENCE:	
DURATION: <input type="checkbox"/> Reg <input type="checkbox"/> Temp		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Rotate <input type="checkbox"/> Split <input type="checkbox"/> Any	
SALARY: \$ _____ per _____		DESIRED JOB LOCATION:	
		Within _____ miles of Zip Code _____	
DESIRED JOB TITLE:			
_____ yrs of exp: _____		_____ yrs of exp: _____	
_____ yrs of exp: _____		_____ yrs of exp: _____	

WORK HISTORY – 1 (*Begin with current/last employer*)

Employer _____ Job Title _____
Street _____ Start Date _____ End Date _____
City _____ State _____ Wages \$ _____ per _____
Reason For Leaving: Fired Lack of Work Medical/Health Retired Still employed Quit Other
Job Duties: _____

WORK HISTORY – 2

Employer _____ Job Title _____
Street _____ Start Date _____ End Date _____
City _____ State _____ Wage \$ _____ per _____
Reason For Leaving: Fired Lack of Work Medical/Health Retired Still employed Quit Other
Job Duties: _____

DRIVERS LICENSE: Yes No CLASS: CDL-A CDL-B CDL-C Auto Motorcycle
If yes in what state? _____ **ENDORSEMENTS:** Passenger Hazmat Tank
Do you have a vehicle? Yes No Air Brakes School Bus Double Triples
Tank Hazard

CERTIFICATE/LICENSE:

Name: _____ Issuing Organization: _____
Issue Date: _____ State: _____ Country: _____
Name: _____ Issuing Organization: _____
Issue Date: _____ State: _____ Country: _____

SCHOOLS ATTENDED:

Course of Study: _____ School: _____
Degree: _____ State: _____ Country: _____
Course of Study: _____ School: _____
Degree: _____ State: _____ Country: _____

ADDITIONAL SKILLS & LICENSES:

Potential Barriers to achieving employment goals (Check all that apply and add comments as needed):

- Job Search Skills
- Resume/Cover Letter
- Interviewing Skills
- Other (please explain) _____
- Training (Cert/License)
- Low Demand Occupation
- Basic Skills (GED/Literacy)
- Criminal Background
- Transportation
- Child Care
- Medical/Disability
- Job Search Networking
- No Barriers Identified