

CSS Workforce NY Career Center Registration Form



Please complete all applicable fields

Customer Data

Name: _____ First 5 of SSN _____ - _____ - XXXX

Email: _____ County _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

How do you prefer to be contacted? Email Cell phone Mail (postal) Home phone

Are you a US Citizen? Yes No If No, Alien Registration Number: _____

Job Duties & Skills with Current Employer

Military

Did you serve in the United States Armed Forces? Yes No

Are you an eligible spouse of a veteran? Yes No

If "Yes" what US military branch? _____

Dates of active service: ____ / ____ / ____ through ____ / ____ / ____

Education

HS Diploma HS Equivalency

Some college Vocational Degree/Certificate Associate's Bachelor's Master's

If attended college but do not have a degree, how years did you attend? 1 year 2 years 3 years plus

College Information

Course of study: _____ Degree: _____

Date completed (month/year): ____ / ____ Issuing institution: _____

City: _____ State: _____ Country: _____

Certificates/Licenses

Certificate/License: _____ Issuing organization or locality: _____

Issue date (month/year): ____ / ____ State: _____ Country: _____

Certificate/License: _____ Issuing organization or locality: _____

Issue date (month/year): ____ / ____ State: _____ Country: _____

Signature _____ Date _____