

Loreen Gebelein, Director



**COUNTY OF SULLIVAN
Center for Workforce Development**

50 North Street
Monticello, NY 12701
TEL: 845-794-3340
FAX: 845-791-6851

Name: _____

Current Physical Address: _____

Current Mailing Address: _____

Phone: _____ E-Mail: _____

GENERAL EMPLOYABILITY INFORMATION:

Are you currently or have you ever received treatment for drug/alcohol abuse? Y/N

If yes, where and when are/have you receive treatment? _____

Are you or have you ever been involved with the criminal justice system? Y/N

Is yes, what is /was your involvement? _____

Do you have any medical limitations or mental health issues that will prevent you from working? Y/N

If yes, what are they? _____

CHILD SUPPORT INFORMATION

Do you receive child support? Y/N

If yes, is it Court ordered? Y/N

Amount Court ordered? _____

Amount received? _____

DAYCARE INFORMATION

Do you have a daycare provider? Y/N

Is your daycare provider State certified? Y/N

Name: _____

Hours open: _____

Address: _____

Days of the week: _M_T_W_TH_F_S_SUN

CONTACTS

Name	Address	Phone
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Name	Address	Phone
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I hereby certify that the information is accurate and complete to the best of my knowledge.

Participant	Date	CWD Representative	Date
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CUSTOMER INFORMATION FORM

Name: _____ Date: _____
Social Security #: _____ Date of Birth: _____

EDUCATION

Highest Grade Completed: _____ High School Diploma ___ HSE ___
College Degree: _____ Vocational Degree/Certificate: _____

EMPLOYMENT HISTORY

Provide all required information for each employer. Enter the most recent employment first.

Job Title _____ Employer _____
Address _____ City _____ State _____
Supervisor _____ Phone # _____
Start Date (mo./yr.) ___/___ End Date (mo./yr.) ___/___ Wage \$ _____ (per hr./wkly/yrly/other)
Reason for Leaving: _____
Job Duties: _____

Job Title _____ Employer _____
Address _____ City _____ State _____
Supervisor _____ Phone # _____
Start Date (mo./yr.) ___/___ End Date (mo./yr.) ___/___ Wage \$ _____ (per hr./wkly/yrly/other)
Reason for Leaving: _____
Job Duties: _____

Job Title _____ Employer _____
Address _____ City _____ State _____
Supervisor _____ Phone # _____
Start Date (mo./yr.) ___/___ End Date (mo./yr.) ___/___ Wage \$ _____ (per hr./wkly/yrly/other)
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Job Search Rules & Regulations

- You are required to do job search every week. For online applications, you must submit confirmation of application
- Complete the booklet yourself – no one else needs to see or sign the booklet
- Complete ALL information for each contact and complete the job application information section of the booklet
- Include whom you spoke with and a phone number
- Sign and date the last page of the booklet
- Job Search Contacts **MUST** be for work in which you are able to engage. The contacts must be in an area where you can realistically get to work.
- You must present yourself as ready and willing to go to work
- The Job Search booklet is used to document good faith effort to actively seek employment that will reduce or eliminate your need for Temporary Assistance/SNAP funds.

Signature _____

Date _____

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Release of Information

I agree to allow the Center for Workforce Development staff and its designees to verify all information related to the development of my employment plan of action. I understand that this information may include school records, work history, employment references, drug/alcohol treatment history and recommendations, medical or psychological evaluation information, Social Security records, vocational rehabilitation records (ACCESS VR), NYS Department of Labor information, education background, BOCES, probation/parole records and child support information.

I agree that my Employment & Training Specialist may discuss relevant aspects of my case with schools, State, Federal, and County personnel, as necessary, to assist in the development of my employment plan.

 Participant Signature

 Date

 Employment & Training Specialist Signature

 Date

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LEARNING NEEDS SCREENING TOOL

NAME: _____

Please check all of the following statements that apply to you:

Section I.

- 1. Have you had any problems learning in middle school or junior high?
- 2. Do you have difficulty working from a test book to an answer sheet?
- 3. Do you have difficulty or experience problems working with numbers in a column?
- 4. Do you have trouble judging distances?
- 5. Do any Family members have learning problems?

Section II.

- 6. Have you had any problems learning in elementary school?
- 7. Do you have difficulty or experience problems mixing mathematical signs (such as "x", "+", or "=")?

Section III.

- 8. Do you have difficulty or experience problems filling out forms?
- 9. Do you experience difficulty memorizing numbers?
- 10. Do you have difficulty remembering how to spell simple words you know?

Section IV.

- 11. Do you have difficulty or experience problems taking notes?
- 12. Do you have difficulty or experience problems adding and subtracting small numbers in your head?
- 13. Were you ever in a special program or given extra help in school?

What kind of job would you like to get? _____

Do you have any experience in this field or a related field? _____

What makes it hard for you to get or keep this kind of job? _____

What would help? _____

By signing below, you indicate that you have watched the Orientation presentation in its entirety. To remain compliant with your Public Assistance case, you must check the box below and type your name to indicate that you have watched the presentation and have completed the above forms. Your typed name will serve as your electronic signature.

Upon completion of this packet, please use the "submit" button to send your documents to your worker at the Center for Workforce Development.

I certify that I have watched the orientation presentation in its entirety.

Name

Date