DAVIDSON COUNTY JOBLINK
REGISTRATION

LAST NAME:	FIRST NAME: MIDDLE INITIAL:	SOCIAL SECURITY NO:
MAILING ADDRESS:	EMAIL ADDRESS:	COUNTY:
CITY: STATE:	ZIP:	PHONE: ( )
BIRTHDATE: ____/____/____ Mo. Day Year	SEX: o M o F RACE:	US CITIZEN: o Yes o No ADDITIONAL SPOKEN LANGUAGES: FAMILY SIZE:

CIRCLE HIGHEST YEAR OF EDUCATION COMPLETED:

GRADE SCHOOL HIGH SCHOOL GED AHS POST HIGH SCHOOL

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Degree _____

CHECK, IF APPLICABLE, AND COMPLETE INFORMATION:

____ Disabled – Nature of Disability (optional): _____
____ Veteran / Branch _____
____ Student _____ Single Parent
____ Exhausted Employment Benefits
____ Convicted of Felony - Date of Conviction _____

BENEFITS/SERVICES YOU ARE CURRENTLY RECEIVING:

_____ Food Stamps
_____ Unemployment Benefits
_____ Work First Family Assistance
_____ SSI Income
_____ Other (Please list): _____
_____ Medicaid
_____ Medicare
_____ Veteran's Benefits
_____ Social Security

SERVICES NEEDED:

_____ Education _____ Career Guidance _____ Job Search Assistance _____ Unemployment Benefits
_____ Training _____ Child Care _____ Other _____ Vocational Rehabilitation
_____ Resume Help _____ Food Stamps _____ Scholarships

EMPLOYMENT: (check one)
Employed o Yes o No
Number of weeks unemployed _____

TYPE OF WORK DESIRED: _____
Salary: _____ Hours: _____
Number of miles you are willing to commute: _____

HOW DID YOU HEAR ABOUT JOBLINK CAREER CENTER?

EMPLOYMENT HISTORY: BEGIN WITH YOUR LAST OR CURRENT EMPLOYER

Company Name:			Job Title:
City, State:	Hourly Pay:	o Full Time o Part Time	Duties:
Date Started: Date Ended:			
Reason For Leaving:			

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City, State:	Hourly Pay:	o Full Time o Part Time	Duties:
Date Started: Date Ended:			
Reason For Leaving:			

PLEASE CONTINUE YOUR WORK HISTORY ON THE INSIDE OF THIS FORM, IF NECESSARY:

I hereby authorize the Davidson County JobLink Center to disclose any or all information needed for employment, training, or other JobLink services and for reporting purposes as long as I remain a candidate at the Davidson County JobLink Career Center. It is understood that this information shall become a permanent part of my JobLink file. If a student, I authorize the disclosure of any or all transcript information to participating employers. I also grant permission to survey my employer(s) regarding the quality of my performance. I verify this information is correct to the best of my knowledge.

_____ Signature of Applicant

_____ Date

An Equal Opportunity Employer / Program. Auxiliary aids and services are available upon request to individuals with disabilities. If you feel you have been discriminated against for any reason regarding our programs, feel free to contact our EO Officer at 336-242-2065.
TTY Relay: 1-800-735-2962 (ask for 336-242-2065).