



Senior Employment Unit – SCSEP Title V
40 Worth Street, 3rd Fl., Room 323
New York, NY 10013

Lilliam Barrios-Paoli
Commissioner

Date Sent	Office Use:	Date Received
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EMPLOYMENT ASSISTANCE SERVICES FORM

First Name	M.I.	Last Name	Social Security Number
Address Street & Number		Apartment #	
City	State	Zip Code	Date of Birth Month Day Year
Telephone # ()	Cell Phone # ()	Email Address:	

Are you a U.S. Citizen? Yes No If not, do you have a Green Card? Yes No

Are you a Veteran? Yes No If not, do you have an INS work authorization? Yes No

Please select one (1) type of training you would be interested in:

Home Health Aide Training **Food Handling Training**
 Security Guard Training **Other:** _____

How did you hear about our program?

**Some programs are funded through Federal or State funds.
We are required to ask questions regarding income.**

Total number of people in household (including yourself) _____ Number of people you claim as dependents _____

Does anyone claim you as a dependent? Yes No

LIST INCOME OF ALL FAMILY MEMBERS FOR THE LAST 12 MONTHS

	Self	Spouse	Other	Other
Earnings from Employment	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Pension	\$	\$	\$	\$

Do you receive any of the following (Please circle) Disability Cash Assistance SSI

Do you receive Unemployment Insurance? Yes No If yes, beginning date ____/____/____

If you do not receive any of the above, how have you supported yourself during the past 12 months?

You must complete this section entirely and also attach a resume.

EMPLOYMENT HISTORY – BEGIN WITH MOST RECENT EMPLOYER

1. Employer			Dates of Employment From ___/___/___ To ___/___/___	
Address			Beginning Salary \$	Ending Salary \$
City	State	Zip Code	Title	
Duties performed			Why did you leave?	
2. Employer			Dates of Employment From ___/___/___ To ___/___/___	
Address			Beginning Salary \$	Ending Salary \$
City	State	Zip Code	Title	
Duties performed			Why did you leave?	

EDUCATION AND SKILLS

Last Grade Completed _____	Do you have computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Graduate//GED <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance
College # Years _____ Grad. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of Study _____	Other languages spoken fluently _____
Certificates/Licenses _____	Other languages written fluently _____
Do you have a valid driver's license? <input type="checkbox"/> Yes, Class _____ <input type="checkbox"/> No	

Have you ever applied to or been enrolled in a Title V program? Yes No

Applied Date _____ Enrolled Date _____

CERTIFICATION STATEMENT

To the best of my knowledge, the information I have provided in this application is accurate and complete.

Signature of Applicant

Date

Please review front & back of application for completeness and Mail to:



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