

SECTION D: WORK HISTORY

5D. Work History

Job Title / Occupation		Name of Employer		
Address		City	State	Zip Code
Job Start Date ____ / ____ / ____ Month / Day / Year		Job End Date ____ / ____ / ____ Month / Day / Year		
Wage/Salary \$ _____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	Hours Worked _____ per Week	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Supervisor's Name		Telephone # (_____) _____ - _____		
Job Duties				

Additional Work History

Job Title / Occupation		Name of Employer		
Address		City	State	Zip Code
Job Start Date ____ / ____ / ____ Month / Day / Year		Job End Date ____ / ____ / ____ Month / Day / Year		
Wage/Salary \$ _____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	Hours Worked _____ per Week	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Supervisor's Name		Telephone # (_____) _____ - _____		
Job Duties				

SECTION E: VERIFICATION OF INFORMATION

I certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I understand that this information is subject to verification, and that false or deliberately incomplete answers may result in my disqualification from NYC Workforce1 Career Center and/or One-Stop Center services.

I also certify that I have received the Workforce Investment Act Notice of Rights and a Voter Registration form. I understand that registering to vote is voluntary and that I am not required to do so in order to obtain NYC Workforce1 Career Center and/or One-Stop Center services.

Customer's Signature _____ / ____ / ____
Month / Day / Year

Please check box below to indicate your authorization to release your information.

Authorization to Release Information

I am currently enrolled in an employment and training program at a Workforce1 Career Center and/or One-Stop Center funded by the United States Department of Labor. I hereby authorize my employer to release to the New York City Department of Small Business Services and the New York State Department of Labor information and documentation concerning the position for which I am hired. Such information/documentation may include, but is not limited to: job title, hourly/weekly wages, job start date, job end date, and number of hours worked.

I understand that this information may be shared with other governmental agencies in the Workforce system for purposes of program management/administration. I also understand that this authorization is voluntary and no way affects the services or level of services I will receive.

All information on this form will be used only in accordance with the law and will be kept confidential according to the law. NYC Workforce1 Career Centers and/or One-Stop Centers are Equal Opportunity Employers / Programs. Auxiliary aids and services are available upon request to individuals with disabilities.