

**MASSHIRE FRANKLIN HAMPSHIRE CAREER CENTER JOB SEEKER MEMBERSHIP FORM**

Staff Use Only

Please talk to a Front Desk staff person if you need assistance to complete this form.

MOSES ID	Date	Initials

**1 Franklin Hampshire Career Center and our workforce partner agencies offer a full range of employment, training and support services.**

What transportation method do you use? ( please check ALL that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I walk or bike              | <input type="checkbox"/> I drive but my vehicle is not reliable | <input type="checkbox"/> I have regular access to rides |
| <input type="checkbox"/> I use public transportation | <input type="checkbox"/> I drive and have a reliable vehicle    | <input type="checkbox"/> I can get rides sometimes      |

How can we help? (Please check ALL that apply.)

I would like to:

- Apply for Unemployment Insurance
- Improve my English Skills
- Improve my reading skills
- Improve my math skills
- Get my GED/High School Equivalency
- Get Job Training
- Go to college
- Get a full time job
- Get a part time job

I need help with:

- My current Unemployment Insurance Claim
- Writing a resume and cover letter
- Answering interview questions
- Completing an on-line job application
- Finding job openings
- Exploring careers and match my skills to job openings
- Getting a better job
- Financial Education/Money Management
- Computer Education

I need assistance with :

- Child Care
- Housing Assistance
- Legal Assistance
- Medical Assistance
- Financial Assistance
- Transportation
- Citizenship/Immigration
- Substance Use

Please check any agencies/services that you work with now or in the past year:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> English as a Second Language     | <input type="checkbox"/> SNAP/Food Stamps  | <input type="checkbox"/> Healthy Families              |
| <input type="checkbox"/> GED/HiSET Classes                | <input type="checkbox"/> Food Pantry - Located in: _____                           | <input type="checkbox"/> Mediation                     |
| <input type="checkbox"/> Citizenship/Immigration Services | <input type="checkbox"/> WIC <span style="font-size: x-small;">Name of Town</span> | <input type="checkbox"/> Veteran's Administration      |
| <input type="checkbox"/> HeadStart                        | <input type="checkbox"/> DTA Cash Benefits   | <input type="checkbox"/> Mass Rehab                    |
| <input type="checkbox"/> Daycare Voucher                  | <input type="checkbox"/> MassHealth  | <input type="checkbox"/> Mass Commission for the Blind |
| <input type="checkbox"/> Family Resource Center           | <input type="checkbox"/> Voluntary Income Tax Assistance/VITA                      | <input type="checkbox"/> Community Action              |
| <input type="checkbox"/> Other Career Center              | <input type="checkbox"/> Fuel Assistance/Weatherization                            | <input type="checkbox"/> The Literacy Project          |
|   | <input type="checkbox"/> Shelter/HomeBASE  | <input type="checkbox"/> Center for New Americans      |
|   | <input type="checkbox"/> Section 8/RAFT/MRVP                                       | <input type="checkbox"/> CPM's Career Connections      |

\_\_\_\_\_ Name of Career Center

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<p><b>2 General Information</b></p> <p>First Name <input style="width:150px; height:25px;" type="text"/> Last Name <input style="width:150px; height:25px;" type="text"/></p> <p>Date of Birth <input style="width:80px; height:25px;" type="text"/> Social Security Number <input style="width:150px; height:25px;" type="text"/></p> <p>Sex:  <input type="checkbox"/> Male   <input type="checkbox"/> Female   <input type="checkbox"/> Nonbinary   <input type="checkbox"/> Chose not to answer</p>	<p><b>3 Address</b></p> <p>Street Address <input style="width:150px; height:25px;" type="text"/> City <input style="width:150px; height:25px;" type="text"/></p> <p>State <input style="width:50px; height:25px;" type="text"/> Zip <input style="width:50px; height:25px;" type="text"/> Primary Phone <input style="width:150px; height:25px;" type="text"/></p> <p>Email <input style="width:150px; height:25px;" type="text"/> Other Phone <input style="width:150px; height:25px;" type="text"/></p> <p>Best way to contact you:  <input type="checkbox"/> Cell Phone   <input type="checkbox"/> Text   <input type="checkbox"/> Home Phone   <input type="checkbox"/> Email</p>								
<p><b>4 Military Information</b></p> <p align="center" style="border: 1px solid black; padding: 2px;"><i>Veterans receive priority of service at FHCC; please let us know your military status</i></p> <p>1. Have you served in the US Military?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please complete information below</p> <p>2. Are you US Military veteran's spouse?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If you answered no to questions 1 and 2, continue to section 5</p> <p align="center" style="border: 1px solid black; padding: 2px;"><i>Military spouses may be eligible for special services; please ask at the front desk</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border: 1px solid black; padding: 2px;">                 Branch of Service:  <input type="checkbox"/> Air Force   <input type="checkbox"/> Marines  <input type="checkbox"/> Army   <input type="checkbox"/> National Guard  <input type="checkbox"/> Coast Guard   <input type="checkbox"/> Navy             </td> <td style="width:50%; border: 1px solid black; padding: 2px;">                 Type of Discharge:  <input type="checkbox"/> Honorable   <input type="checkbox"/> Dishonorable   <input type="checkbox"/> Other: _____                  Other Discharge Type             </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">                 Dates of Service                  Start Date <input style="width:80px; height:25px;" type="text"/> Release Date <input style="width:80px; height:25px;" type="text"/> </td> <td style="border: 1px solid black; padding: 2px;">                 Do you have a DD214?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   Do you have a Campaign Badge?   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  Do you have a Service Connected Disability?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, % of Service Connected Disability? <input style="width:40px; height:25px;" type="text"/> %             </td> </tr> </table>		Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Army <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other: _____ Other Discharge Type	Dates of Service Start Date <input style="width:80px; height:25px;" type="text"/> Release Date <input style="width:80px; height:25px;" type="text"/>	Do you have a DD214? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have a Campaign Badge? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Service Connected Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, % of Service Connected Disability? <input style="width:40px; height:25px;" type="text"/> %				
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<p><b>5 Ethnicity</b></p> <p>Hispanic or Latino   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>6 Emergency Contact</b></p> <p>Name <input style="width:150px; height:40px;" type="text"/></p> <p>Relationship <input style="width:150px; height:40px;" type="text"/> Phone <input style="width:150px; height:40px;" type="text"/></p>								
<p><b>7 Race</b>   Check ALL that apply:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Information not Available</td> </tr> <tr> <td><input type="checkbox"/> Hawaiian Native or Other Pacific Islander</td> <td></td> </tr> </table>		<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Information not Available	<input type="checkbox"/> Hawaiian Native or Other Pacific Islander	
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<p><b>8 Agricultural Workers</b></p> <p>In the past 12 months have you worked in Agriculture ?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, are you a:   <input type="checkbox"/> Migrant Farm Worker   <input type="checkbox"/> Seasonal Farm Worker</p> <p align="center" style="border: 1px solid black; padding: 2px;"><i>Migrant/Seasonal Farmworkers may be eligible for special services</i></p>									

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**9 Language**

What is your first language?  What language is spoken at home?

What other languages do you speak?

**10 Employment & Unemployment Insurance Status**

Do you currently work?  Yes  No *Employment information helps us to determine program eligibility; please let us know if you're working*

If yes, do you work:  Full Time  Part Time  Permanent  Temporary

Are you receiving Unemployment Insurance?  Yes  No

Have you received a lay-off notice?  Yes  No

Do you have a recall date?  Yes  No

Have you exhausted your Unemployment Benefits?  Yes  No

If you know, when did your UI start?  /  /   
Unemployment Start Date

If you know, what is the lay-off date?  /  /   
Lay-off Date

If you know, what is your recall date?  /  /   
Recall Date

If you know, when did your UI end?  /  /   
UI Benefit End Date

*People receiving Unemployment Insurance, or who have used up their Unemployment Insurance benefits may be eligible for special programs, let us know about your Unemployment Insurance*

**11 Eligibility to Work**

Are you a United States citizen?  Yes  No *Undocumented residents are eligible for many services including workshops, resource room and referrals*

If no, are you authorized to work in the United States?  Yes  No

**12 Disability Information**

Do you consider yourself to have a disability?  Yes  No *People with disabilities may be eligible for special services service, let us know if you have, or think you may have a disability*

If no, continue to section 13

Do you receive Social Security?  Yes  No

If yes:  SSI  SSDI *If you receive SSI or SSDI - Please register for a Disability Welcome Meeting to learn how the Social Security Ticket To Work Program can help you find work*

Do you work with any Vocational Rehab or Job Search Programs?  Yes  No

If yes, what program/agency do you work with?

**13 Family/Household Income Information**

Are you:  Single  Married  Head of Household *Family & household information helps us determine program eligibility*

Including yourself, what is your household size?  # in Household

Are there any dependent children in your household?  Yes  No

If yes, how many?  # of Dependent Children

Have you primarily worked in the home and been supported by a family member?  Yes  No *Displaced Homemakers may be eligible for special services*

Please check all sources of income/assistance that any household member received in the past 6 months:  
*This information is ONLY used to determine program eligibility.*

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Department of Transitional Assistance Cash Benefits (TAFDC)	<input type="checkbox"/> Refugee Assistance
<input type="checkbox"/> Employment	<input type="checkbox"/> Emergency Assistance for Elderly, Disabled and Children (EAEDC)	<input type="checkbox"/> Pension/Retirement
<input type="checkbox"/> Self Employment	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> Worker's Comp
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Free/Reduced Price Lunch	<input type="checkbox"/> Social Security Retirement	

Type of Income

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**14 Education**

What is the highest level of school you completed? \_\_\_\_\_

	Name of School	Type of Degree/Certificate	Major	Completed	Start Date	End date
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus./Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**15 Employment History**

Please list your last 4 jobs, most recent job first:

Company Name	City, State	Job Title	Salary	Per	Start Date	End Date	# of hours per week	Reason for Leaving
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				

I certify to the best of my ability that the above information is true, and I agree to abide by the posted Career Center Code of Conduct.

I agree that any information I have supplied on this form is subject to verification.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date