MASSHIRE FRANKLIN HAMPSHIRE CAREER CENTER JOB SEEKER MEMBERSHIP FORM

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.)
- [ ] I walk or bike
- [ ] I drive but my vehicle is not reliable
- [ ] I have regular access to rides
- [ ] I use public transportation
- [ ] I drive and have a reliable vehicle
- [ ] 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:
- [ ] English as a Second Language
- [ ] SNAP/Food Stamps
- [ ] GED/HiSET Classes
- [ ] Food Pantry - Located in: [ ] WIC
- [ ] Citizenship/Immigration Services
- [ ] DTA Cash Benefits
- [ ] HeadStart
- [ ] MassHealth
- [ ] Daycare Voucher
- [ ] Voluntary Income Tax Assistance/VITA
- [ ] Family Resource Center
- [ ] Fuel Assistance/Weatherization
- [ ] Other Career Center
- [ ] Shelter/HomeBASE
- [ ] Section 8/RAFT/MRVP

Name of Career Center

Name of Town

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

Staff Use Only

MOSES ID  Date  Initials

FHCC Intake Membership Revision 4   09-17-2020
# MASSHIRE FRANKLIN HAMPSHIRE CAREER CENTER JOB SEEKER MEMBERSHIP FORM

## 2 General Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
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**Sex:**

- [ ] Male
- [ ] Female
- [ ] Nonbinary
- [ ] Chose not to answer

**Best way to contact you:**

- [ ] Cell Phone
- [ ] Text
- [ ] Home Phone
- [ ] Email

## 3 Address

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
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<th>State</th>
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<th>Email</th>
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## 4 Military Information

1. Have you served in the US Military?
   - [ ] Yes
   - [ ] No
   
   If yes, please complete information below

   **Veterans receive priority of service at FHCC; please let us know your military status**

2. Are you a US Military veteran's spouse?
   - [ ] Yes
   - [ ] No
   
   If you answered no to questions 1 and 2, continue to section 5

**Branch of Service:**

- [ ] Air Force
- [ ] Marines
- [ ] Army
- [ ] National Guard
- [ ] Coast Guard
- [ ] Navy

**Type of Discharge:**

- [ ] Honorable
- [ ] Dishonorable
- [ ] Other:
   - [ ] Other Discharge Type

**Do you have a DD214?**

- [ ] Yes
- [ ] No

**Do you have a Service Connected Disability?**

- [ ] Yes
- [ ] No

**Do you have a Campaign Badge?**

- [ ] Yes
- [ ] No

**Dates of Service**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Release Date</th>
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## 5 Ethnicity

- [ ] Hispanic or Latino
- [ ] Yes
- [ ] No

## 6 Emergency Contact

**Name**

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**Relationship**

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**Phone**

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## 7 Race

Check ALL that apply:

- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hawaiian Native or Other Pacific Islander
- [ ] Other
- [ ] White
- [ ] Information not Available

## 8 Agricultural Workers

In the past 12 months have you worked in Agriculture?

- [ ] Yes
- [ ] No

If yes, are you a:

- [ ] Migrant Farm Worker
- [ ] Seasonal Farm Worker

**Migrant/Seasonal Farmworkers may be eligible for special services**
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
If yes, do you work: [ ] Full Time [ ] Part Time [ ] Permanent [ ] Temporary
Are you receiving Unemployment Insurance? [ ] Yes [ ] No
If you know, when did your UI start? [ ]
Unemployment Start Date [ ]
Have you received a lay-off notice? [ ] Yes [ ] No
If you know, what is the lay-off date? [ ]
Lay-off Date [ ]
Do you have a recall date? [ ] Yes [ ] No
If you know, what is your recall date? [ ]
Recall Date [ ]
Have you exhausted your Unemployment Benefits? [ ] Yes [ ] No
If you know, when did your UI end? [ ]
UI Benefit End Date [ ]

11 Eligibility to Work
Are you a United States citizen? [ ] Yes [ ] No
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
If no, continue to section 13
Do you receive Social Security? [ ] Yes [ ] No
If yes: [ ] SSI [ ] SSDI
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
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:

- Unemployment
- Employment
- Self Employment
- SNAP (Food Stamps)
- Free/Reduced Price Lunch
- Department of Transitional Assistance Cash Benefits (TAFDC)
- Emergency Assistance for Elderly, Disabled and Children (EAEDC)
- Social Security Disability Income (SSDI)
- Supplemental Security Income (SSI)
- Social Security Retirement
- Refugee Assistance
- Pension/Retirement
- Worker’s Comp
- Other

This information is ONLY used to determine program eligibility.

Type of Income
### 14 Education

**What is the highest level of school you completed?**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Type of Degree/Certificate</th>
<th>Major</th>
<th>Completed</th>
<th>Start Date</th>
<th>End Date</th>
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<td>High School</td>
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<td>Bus./Trade School</td>
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<td>College</td>
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<td>Other</td>
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### 15 Employment History

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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>City, State</th>
<th>Job Title</th>
<th>Salary</th>
<th>Per</th>
<th>Start Date</th>
<th>End Date</th>
<th># of hours per week</th>
<th>Reason for Leaving</th>
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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