



Westchester-Putnam Career Center Network



A proud partner of the **americanjobcenter** network

Orientation Information Packet

White Plains Career Center

120 Bloomingdale Road
(914) 995-3910

Orientations: Wednesdays 2:30pm and Fridays 9:30am
M-F 8:30-5pm

Carmel Career Center

110 Old Route Six, Building #3
(845) 808-1651

Orientations: Walk-In
M-F 9-5pm

Mount Vernon Career Center

130 Mount Vernon Avenue, 1st Floor
(914) 813-6555

Orientations: Tuesday at 10:30am and Thursdays at 2pm
M-F 9-5pm

Peekskill Career Center

201 South James Street
(914) 737-3490

Orientations: Walk-In
M-F 8:30-5pm

www.westchesterputnamonestop.com

Call a Career Center for Orientation schedule changes.



Westchester-Putnam Career Center Network Customer Registration Form

Required items are indicated with asterisk* and bold type. Please print clearly.

We must collect additional personal information to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on the handling and protections of personal information. **Auxiliary aids and services are available upon request to individuals with disabilities.**

What is your preferred language? _____ If other than English, do you need an interpreter? Yes No
Check here to indicate that you have been aware of the provisions of the "Equal Opportunity Is the Law" notice.

Customer Data

Social Security #: _____ OR NYID#: _____

*Last Name: _____ *First Name: _____ M.I.: _____

*Date of Birth: _____ NYS Driver's License or Non-Driver ID Number: _____
Or other verification of Date of Birth using acceptable source document: _____

Gender: Male Female

If you are a male born after Dec. 31, 1959, are you registered with the U.S. Military Selective Service? Yes No

*Street Address: _____ Apt. #: _____

*City: _____ *State: _____ *Zip Code: _____

Mailing Address (if different from above): _____

County: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

How do you prefer to be contacted? E-mail Cell Phone Mail Home Phone

Are you a U.S. Citizen? Yes No If not, are you authorized to work in the U.S.? Yes No

If yes, Alien registration number: _____

Ethnicity/Race

Note: The Ethnicity/Race questions are voluntary. Information is confidential and will only be used for recordkeeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Ethnicity Hispanic/Latino Not Hispanic/Latino

Race (check all that apply) White Black or African American American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander

Education

*Education (circle the highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12

HS Diploma HS Equivalency No Diploma IEP Diploma/Disabled with certificate of attendance/
completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure.

If attended college, college level completed: 1 Year 2 Years 3 Years 4 Years Check all degrees that apply:
 Vocational Degree/Certificate Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

*Are you attending a secondary, post-secondary, vocational, technical, or academic school full time?
 Yes No *If you are between terms, do you intend to return to school? Yes No

Employment

*Are you currently employed? Yes No *If no, how many weeks have you been out of work? _____

*If yes, are you employed Full Time Part Time *How many hours do you work per week? _____

Have you applied for Unemployment Insurance Benefits? Yes No If yes, when did you apply? _____

Are you currently claiming Unemployment Insurance Benefits? Yes No

Military

Note: Veterans and "eligible spouses" receive priority of service.

*Did you service in the United States Armed Forces? Yes No
If yes, what US military branch? _____ Dates of Active Service _____ to _____

*Are you an Eligible spouse of a veteran? Yes No

Employment Preferences

Check your work preferences:

Work Week: Full Time (30+ hours per week) Part Time (less than 30 hours per week) Any

Duration: Regular (150+ days per year) Temporary (3 days or fewer) Regular or Temporary (4-150 days)

Minimum acceptable wage required \$ _____ per Hour Day Week Month Year Other

Date you are available for work: _____

Which shift(s) are you willing to work (check all that apply): First (begins in morning) Second (begins in afternoon/early evening) Third (begins in night) Split Rotating Any

*Are you a Migrant or Seasonal Farm Worker (for definition see staff or page 5 of this document)? Yes No

Acceptable Job Locations

*I am willing to work within the following zip code, county, or state:

10 25 50 100 miles of Zip Code _____ County _____ State _____
(circle the number of miles and write zip code, County, or State)

Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1-1/2 hours by public transportation.

Employment Objective

*Employment Objective/Type of Work seeking:

Job Title _____

Job Title _____

*List most recent occupation(s)/job(s):

Job Title _____ Experience in this Job: _____ Years _____ Months

Job Title _____ Experience in this Job: _____ Years _____ Months

Work History

If you have job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer.

Most Recent Job:

*Job Title: _____ *Employer: _____

*Address: _____

*City _____ *State: _____ *Country (if not U.S.): _____

*Start Date (Month/Year): _____ *End Date (Month/Year): _____

Supervisor: _____ Contact Number: _____

*Wage \$ _____ per Hour Day Week Month Year Other

*Reason for Leaving: _____

*Job Duties: _____

Next Most Recent Job:

*Job Title: _____ *Employer: _____

*Address: _____

*City _____ *State: _____ *Country (if not U.S.): _____

*Start Date (Month/Year): _____ *End Date (Month/Year): _____

Supervisor: _____ Contact Number: _____

*Wage \$ _____ per Hour Day Week Month Year Other

*Reason for Leaving: _____

*Job Duties: _____

Next Most Recent Job:

*Job Title: _____ *Employer: _____

*Address: _____

*City _____ *State: _____ *Country (if not U.S.): _____

*Start Date (Month/Year): _____ *End Date (Month/Year): _____

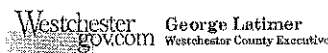
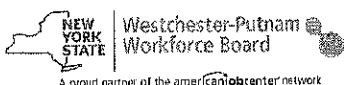
Supervisor: _____ Contact Number: _____

*Wage \$ _____ per Hour Day Week Month Year Other

*Reason for Leaving: _____

*Job Duties: _____

Trade Adjustment Assistance (TAA)



Have you been notified by the NYS Department of Labor (received form TA722) that you are eligible for **Trade**

Adjustment Assistance? Yes No If yes, TAA Petition #: _____

If no, were you separated from your employment due to foreign trade? Yes No

Driver's License

Do you have a driver's license? Yes No Issuing State: _____

If no, were you separated from your employment due to foreign trade? Yes No

What type of license do you have?

- Class A (Tractor Trailer) Class B (Truck/Bus) Class C (Light Truck Commercial) Class Cn (C-non-CDL)
- Class D (Operators) Class E (Taxi) Class M (Motorcycle)

Endorsements:

- Passenger Transport Hazardous Materials Tank Vehicles Motorcycle School Bus Doubles/Triples
- Tank Hazard Air Brakes

Do you need public transportation to get a job? Yes No

Do you have reliable transportation to and from work? Yes No

Certifications/Licenses

Do you have an occupational certificate or license? Yes No

*Certificate/License: _____ Issuing Organization or Locality: _____

Issue Date (Month/Year): _____ State _____ Country _____

*Certificate/License: _____ Issuing Organization or Locality: _____

Issue Date (Month/Year): _____ State _____ Country _____

Schools

Do you have a college degree, diploma, or educational certificate? Yes No

*Course of Study: _____ *Degree: _____

Date Completed (Month/Year): _____

*Issuing Institution: _____ *State: _____ *Country _____

*Course of Study: _____ *Degree: _____

Date Completed (Month/Year): _____

*Issuing Institution: _____ *State: _____ *Country _____

Jobseekers Skills and Credentials

*List at least one skill or qualification. Include skills and abilities that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing, programming, or computer-assisted design.

List languages you are fluent in speaking, writing, and/or translating (other than English): _____

List qualities or accomplishments related to your employment goal: _____

List any honors you have received or outside activities you participate in: _____

Job Keeping Skills

What are your strengths and weaknesses as a job seeker and/or employee: _____

Other

What is the condition of your health? Excellent Good Fair

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Are you currently on parole or probation? If so, for how long?

Are you currently receiving treatment for substance dependency? Yes No

I certify that the information given in this document is true and accurate to the best of my knowledge.

***Signature:** _____ ***Date:** _____

Westchester-Putnam Career Center Network Supplemental Questionnaire Additional Information & Program Eligibility

*Name: _____ *NYID#: _____

Please answer these questions to help us determine if you qualify for other Workforce System programs and services. This information is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary.

1. Are you or any member of your family receiving any Public Assistance/Low Income?

Yes No

Check all that apply:

TANF (Temporary Assistance for Needy Families)
Issued Date: _____

Safety Net/Home Relief
Issued Date: _____

Food Stamps/SNAP
Issued Date: _____

SSI (Supplemental Social Security)
Issued Date? _____

GA (General Assistance State/Local)
Issued Date: _____

SSDI (Social Security Disability Insurance)
Issued Date: _____

RCA (Refugee Cash Assistance)
Issued Date: _____

Exhausting TANF with Two Years
Issued Date: _____

Please check if you are low income individuals with total family income that does not exceed the

Poverty Line **OR** 70% of the lower living standard income level

Other: _____

2. Are you a person with a disability? Yes No Prefer not to answer

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

Yes No

If Yes, do you have a:

Physical/Chronic Health Condition

Physical/Mobility Impairment

Mental or Psychiatric Disability

Vision-Related Disability

Hearing-Related Disability

Learning Disability

Cognitive/Intellectual Disability

3. Are you a Migrant or Season Farm Worker? Yes No

If yes, check one of the following:

Seasonal Farm Worker: someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.

Migrant Farm Worker: a season farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.

Migrant Food Processor: (see Migrant Farm Worker)

4. Are you a spouse of a U.S. Armed Forces member on active duty and lost your job as a direct result of relocation due to permanent change of your spouse's duty station? Yes No

5. Are you a Displaced Homemaker? Yes No

Have you been providing unpaid services to family members in the home and

- Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member **AND**
- Are unemployed or underemployed and are having trouble finding or keeping employment?

6. Are you a single parent? Yes No

Are you a single, separated, divorced, or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

7. Are you homeless? Yes No

Do you lack a permanent and suitable nighttime residence, including:

- Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason,
- Living in a motel, hotel, trailer park, or campground due to lack of other suitable options,
- Living in an emergency or temporary shelter,
- Abandoned in a hospital, or
- Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport, or campground?

8. Are you an ex-offender? Yes No

Were you subject to any state of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses, or other crimes?

9. Are you an English Language Learner? Yes No

Do you have limited ability in speaking, reading, writing, or understanding English? Do you meet one of the following two conditions?

- Is your native language a language other than English?
- Do you live in a family or community where a language other than English is the main language?

10. Do you think you have a cultural barrier? Yes No

Do you have attitudes, beliefs, customs, or practices that may make it hard for you to find work?

11. Do you lack basic skills? Yes No

Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

I certify that the information given in this document is true and accurate to the best of my knowledge.

*Signature: _____ *Date: _____

Westchester-Putnam Career Center Network

GENERAL RELEASE OF INFORMATION

I hereby authorize the Westchester-Putnam Career Center Network to provide information contained in my customer file, including assessment results, the Employment Development Plan, and any other information needed to assist me with appropriate training, case management, and job placement to other organizations, including but not limited to, NYS Department of Labor, U.S. Department of Labor, training providers, other government agencies, and community-based organizations as needed.

Information Sample:

- Name and address of employer
- Employer contact information
- Telephone number employer contact
- My job title
- My wage
- Number of hours that I work each week
- Receipt of benefits (i.e., medical, retirement, etc.)

I understand that all such information will be treated as confidential and privileged and will only be used by the Westchester-Putnam Career Centers to validate my employment as required by the Workforce Innovation and Opportunity Investment Act (WIOA).

*Name (Print) _____

*Signature _____

*Date _____

Westchester-Putnam Career Center Network
COMPUTER AND INTERNET USAGE AGREEMENT

Between: The Westchester-Putnam Career Center Network AND

*Name: _____ *Date: _____

I understand that as a user of the Westchester-Putnam Career Center Network's computer system, which accesses the Internet, I will adhere to the Network's regulations as follows:

1. I agree not to use the Westchester-Putnam Career Center facilities for commercial purposes. My use of the computer at the Westchester-Putnam Career Center facilities will be limited to work search related activities. The transmission of e-mail, letters, resumes, and other communication is allowed as such communication is job search and/or work search related. I understand that the Westchester-Putnam Career Center Network has no control over the content of the websites it does not directly operate, and my use of the Internet is at my own discretion.
2. I understand that I am solely responsible for the content of my Internet communications through the Westchester-Putnam Career Center facilities. I agree not to send any unlawful, harassing, libelous, abusive, threatening, harmful, vulgar, or obscene material of any kind. I also agree not to transmit any material that encourages conduct that could constitute a criminal offense or give rise to civil liberty or violate federal or state laws or regulations.
3. The Westchester-Putnam Career Center Network will not be liable for any fees incurred by me in the use of WIOA Equipment and Services. The Westchester-Putnam Career Centers assume no responsibility for deletion or failure to send e-mail messages or saved computer documents. A computer USB drive from outside the Westchester-Putnam Career Center facilities are not to be inserted directly into any Westchester-Putnam Career Center Network machine unless and until it is first scanned for viruses by a Career Center employee. I understand that individual Career Center facilities may set time limits on my use of the computer based on customer volume and may limit the use of these facilities to those who show proficiency and knowledge of computer and Internet practices.
4. The Westchester-Putnam Career Centers may, at their sole discretion, immediately terminate my privileges at their facilities if I fail to conform to the terms and conditions listed herein.

**EATING AND DRINKING ARE STRICTLY PROHIBITED IN THE
CAREER CENTER RESOURCE ROOMS**

By signing below, I am affirming that I have read, understand, and will abide by the regulations outlined above. I also understand that this Agreement will remain in effect as long as I use the Westchester-Putnam Career Center facilities.

*Signature: _____ *Date: _____

Westchester-Putnam Career Center Network EQUAL OPPORTUNITY IS THE LAW

It is against the law for the Westchester-Putnam Career Center Network to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, or belief; and
- Against any beneficiary of programs financially assisted under Title 1 of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully-admitted immigrant authorized to work in the United States, or of his or her participation in any WIOA Title 1 financially-assisted program or activity.

The Westchester-Putnam Career Center Network must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title 1 financially-assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or service.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under WIOA Title 1 financially-assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

OJ Yizar, Equal Opportunity Officer, Westchester-Putnam Career Center Network, White Plains Career Center, 120 Bloomingdale Road, White Plains, NY 10605. Telephone (914) 995-3913. OR

Omoye Cooper, WIOA EO Officer, Division of Equal Opportunity Development, State Campus, Building 12, Room 540, Albany, NY 12240. Telephone (518) 457-1984. OR

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Telephone (800) 662-1220.

You may also call the TTY/TDD line at (800) 421-1220.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your complaint within 30 days of the date on which you received the Notice of Final Action.

*Customer Signature: _____ *Date: _____

Westchester-Putnam Career Center Network

GRIEVANCE PROCEDURE

If you have a grievance with your training provider(s) worksite or the Westchester-Putnam Career Centers Network, you are expected to use the normal grievance procedures of that agency.

If you are unable to resolve the grievance, you may contact your case manager at the Westchester-Putnam Career Center Network. If your grievance is still unresolved, it must be presented in writing to the Westchester-Putnam Career Center Network Grievance Officer:

Mr. Thom Kleiner, Director

Westchester-Putnam Career Center Network
White Plains Career Center
120 Bloomingdale Road, 2nd Floor
White Plains, NY 10605
(914) 995-3707
Email: tkleiner@westchestergov.com

You are entitled to a hearing within 30 days of filing and a decision no later than 60 days after filing a grievance. Generally, complaints shall be made within one year of the alleged occurrence. There may be exceptions to this policy for special circumstances as deemed by the Governor, except for complaints alleging fraud or criminal activity.

If you remain dissatisfied with the decision of the Westchester-Putnam Career Center Network Grievance Officer, you may submit your appeal to:

Ms. Karen Coleman, Director

Division of Employment Workforce Solutions
New York State Department of Labor
Building 12, Room 450
State Office Building Campus
Albany, NY 12240
(518) 457-0380

For further information on the grievance and/or appeal process, please contact the Grievance Officer, Mr. Thom Kleiner at the address or phone number or e-mail listed above.

*Customer Signature: _____ *Date: _____