



FILE REGISTER SERVICES PATH MEETING CASAS

Registration Form

Date: _____ Service Location: WATERFORD _____

PERSONAL

Last Name: _____ First Name: _____ M.I.: _____
Social Security Number: _____ Citizen Yes No

CONTACT

Address: _____ City: _____ State: _____
Zip Code: _____ County: _____ Phone Number: _____
Email: _____

DEMOGRAPHICS

Date of Birth: _____ Gender: Male Female Choose not to Self-Identify
Preferred Language: Arabic Chinese English French Creole French
 German Korean Portuguese Russian
 Serbo-Croatian Spanish Vietnamese Other: _____
Ethnicity – Are you Hispanic or Latino? Yes No Choose not to Self-Identify
Race (check all that apply): Black/African American American Indian / Alaskan Asian
 Hawaiian or Pacific Islander White Choose not to Self-Identify

DISABILITY*

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?
 Yes No Choose not to self-identify

VETERAN*

Military Veteran? Yes No Eligible Spouse of a Military Veteran? Yes No
Caregiver of Military Veteran? Yes No

If "Yes" to any of the above three Veteran questions: If "No" go to page 2

Entry Date: _____ Exit Date: _____
Branch of Service: Navy Army Air Force Marine Coast Guard
Dishonorable Discharge? Yes No Campaign Veteran? Yes No
Discharge/Release-Service Connected Disability? Yes No
Homeless Veteran? Yes No
Homeless Reintegration? Yes No
Claim Veteran Preference Yes No Disability Percent: _____ %
Serious Employment Handicap? (less than 30%) Yes No
TAP Workshop within last 3 years? Yes No
Transitioning Service Member? Yes No

Oakland County Michigan Works! is an equal opportunity employment service. Services, programs or activities funded by the Michigan Works! Agency does not discriminate on the basis of sex, race, color, age, height, weight, marital status, national origin, religion, political affiliation or disability. Auxiliary aides and services are available upon request for individuals with disabilities. Michigan Law requires reasonable accommodation to handicapped applicants and employees where accommodation does not impose an undue hardship. Applicants and employees may request an accommodation of their handicap by notifying the Michigan Works! Agency in writing of the need for accommodation within 182 days of the date the individual knows or should know that accommodation is needed.

CO-ENROLLMENT*

Are you participating in the following program?

- Food Assistance or Supplemental Nutrition Assistance Program (SNAP) Yes No
- Are you collecting or planning to collect Unemployment (UIA) benefits? Yes No

EDUCATION

Current School Status: Are you attending school? (Please check the most appropriate answer)

- In Secondary School (high school or less) Not attending school or high school dropout
- In School, Alternative School Not attending school; high school graduate or equivalent
- In School, Post High School (college, university, trade, etc.) Not attending school; within age of compulsory attendance

Highest Educational Level Completed (Please check most appropriate answer):

- No Formal Education Bachelors Degree
- Grades 1-11 (highest level completed): _____ Education Beyond Bachelor's Degree
- Twelfth Grade Attained Certificate of Attendance / Completion
- High School Graduate Attained Other Post-Secondary Degree / Training Certificate
- High School Equivalent/GED Attained Associates Diploma/Degree
- One Year Post High School
- Two Years Post High School
- Three Years Post High School

EMPLOYMENT

Are you currently employed?

- Employed Not Employed Employed but received notice of termination or Military Separation

Most recent job title:* _____ **Most recent employer:*** _____

Are you long term unemployed (27 weeks or more)?* Yes No

Migrant/Seasonal Farm Worker?* Not Migrant/Seasonal Farm Worker Migrant Worker Seasonal Farmworker

CERTIFICATION (READ CAREFULLY)

- I certify that the information provided is true and accurate to best of my knowledge.
- I allow release of this information for data tracking and reporting purposes.

Are you related to anyone involved in the administration of this program at the OCMW Office? Yes No

If yes, indicate name and relationship: _____

Applicant Signature: _____ Date: _____

For Office Use Only:

My signature below attests that I have entered the applicable information into AGS Prime and OSMIS.

Staff Printed Name: _____ Date: _____

Staff Signature: _____

AGS Prime #: _____

OSMIS ID: _____

An Equal Opportunity Employer/Program
Auxiliary Aides and services Available upon request to individuals with disabilities
Oakland County's telephone number for individuals who are deaf is (248) 858-5511
A proud partner of the American Job Center Network

All data fields are required. However, fields marked with an asterisk * are *optional* data fields for ARP/Oakland80 only.