



Customer Information Form - NYC Business Solutions Training

NYC Business Solutions Training provides New York City employers with funding and support to develop the skills of their workers and to promote career advancement. This Customer Information Form registers you as a recipient of training funded in part by NYC Business Solutions Training.

Please print clearly in ink. Please be sure to SIGN AND DATE back of the form.

SECTION A: CUSTOMER BACKGROUND

| | | | | |
|---|---------------|--|-------------------------------------|--------------------|
| 1. Individual Contact Information: | | Last Name | First Name | Middle Name |
| Social Security Number: _____ - _____ - _____ | | Date of Birth _____ / _____ / _____ Month Day Year | | |
| Primary Address: | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| City: | State: | Zip Code: | Phone Number: () _____ | |
| 2. Education - Highest level of education completed: <input type="checkbox"/> Less Than High School (Grade Level____) <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some college <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what level? <input type="checkbox"/> High School/GED <input type="checkbox"/> College/Vocational/Professional Degree | | | | |
| 3. Military Service: Are you a Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of active service: Start: _____ End: _____ Are you a disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | | 4. Voluntary Demographic Information - Responses are voluntary and will be confidential. Information is intended solely for equal opportunity purposes. Ethnicity: <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander | | |

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SECTION B: CUSTOMER EMPLOYMENT

| | | | | |
|--|-------|---|---|--|
| 5. Employment Status - Please check <u>all</u> that apply: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Currently receiving a W-2 | | | | |
| 6. Employment Information - Please complete the section below: | | | | |
| Current employer | | | | |
| Name of <i>Current</i> Employer | | Wage/Salary \$ _____ , _____ . _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly | | Hours Worked per Week _____ Weeks Worked per Year _____ |
| Job Title | | Start Date: _____ / _____ Month Year | | |
| Address | | Telephone Number: (_____) _____ - _____ | | |
| City | | Job Duties | | |
| State/Zip Code | | | | |
| Previous employer | | | | |
| Name of <i>Previous</i> Employer | | Wage/Salary \$ _____ , _____ . _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly | | Hours Worked per Week _____ Weeks Worked per Year _____ |
| Job Title | | Start Date: _____ / _____ Month Year | | End Date: _____ / _____ Month Year |
| Address | | Telephone Number: (_____) _____ - _____ | | |
| City | State | Zip Code | Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Temp <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ | |
| Job Duties | | | | |

Please turn over and sign/date this form →

SECTION C: CUSTOMER SIGNATURE

7. Verification of Information - Please check all that apply

- Verification of My Customer Information** - I also 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 Business Solutions Training services and other Workforce Investment Act programs.
- Receipt of Information** - I 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 Business Solutions Training services.
- Authorization to Release Information** - 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 may include, but is not limited to: job title, wages, job start/end date, and number of hours worked. I understand that this information may be shared with other governmental agencies for the purposes of program administration. I also understand that this authorization is voluntary and in no way affects the services I will receive.

I certify, to the best of my knowledge, I have provided true, accurate, and complete information on this form. I understand that the information I have supplied may be subject to verification and used for New York State and Federal reporting purposes. 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 Business Solutions Training services. I hereby authorize my employer to release information about my employment to the New York State Department of Small Business Services and the New York State Department of Labor. Information may include but is not limited to: job title, wages, job start/end date, and number of hours worked/week. I also authorize SUNY BEOC/educational provider to release my attendance, progress, and results of the industry certification examination to the New York State Department of Small Business Services and the New York State Department of Labor. I understand that this information may be shared with other governmental agencies and their vendors and partners in the Workforce system for purposes of program management/administration.

Signature _____ Date _____ / _____ / _____

FOR OFFICE USE ONLY

| 1. Verification of Birth Date | Notes |
|--|-------|
| <input type="checkbox"/> Pending <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> School Records / Identification Card <input type="checkbox"/> Federal, State or Local Government ID Card <input type="checkbox"/> Work Permit <input type="checkbox"/> DD-214: U.S. Military Report of Transfer or Discharge <input type="checkbox"/> Public Assistance / Social Services Records <input type="checkbox"/> Other _____ | |