



Senior Employment Unit – SCSEP Title V Pgm
 2 Lafayette Street 6th Floor
 New York, NY 10007

Donna M. Corrado, PhD
 Commissioner

Date Sent	Office Use:	Date Received

EMPLOYMENT ASSISTANCE SERVICES FORM

First Name	M.I.	Last Name	Social Security Number
Address Street & Number		Apartment #	
City	State	Zip Code	Date of Birth Month Day Year
Telephone # ()	Cell Phone # ()	Email Address:	

Are you a U.S. Citizen? Yes No If not, do you have a Green Card? Yes No

Are you a Veteran? Yes No If not, do you have an INS work authorization? Yes No

Please select one (1) type of training you would be interested in:

Home Health Aide Training **Food Handling Training**
 Security Guard Training

How did you hear about our program?

Some programs are funded through Federal or State funds. We are required to ask questions regarding income.

Total number of people in household (including yourself) _____ Number of people you claim as dependents _____

Does anyone claim you as a dependent? Yes No

LIST INCOME OF ALL FAMILY MEMBERS FOR THE LAST 12 MONTHS

	Self	Spouse	Other	Other
Earnings from Employment	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Pension	\$	\$	\$	\$

Do you receive any of the following (Please circle) Disability Cash Assistance SSI

Do you receive Unemployment Insurance? Yes No If yes, beginning date ____/____/____

If you do not receive any of the above, how have you supported yourself during the past 12 months?

You must complete this section entirely and also attach a resume.

EMPLOYMENT HISTORY – BEGIN WITH MOST RECENT EMPLOYER

1. Employer			Dates of Employment From ___/___/___ To ___/___/___	
Address				
City	State	Zip Code	Title	
Duties performed			Why did you leave?	
2. Employer			Dates of Employment From ___/___/___ To ___/___/___	
Address				
City	State	Zip Code	Title	
Duties performed			Why did you leave?	

EDUCATION AND SKILLS

Last Grade Completed _____ High School Graduate//GED <input type="checkbox"/> Yes <input type="checkbox"/> No College # Years _____ Grad. <input type="checkbox"/> Yes <input type="checkbox"/> No Field of Study _____ Certificates/Licenses _____	Do you have computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No Other languages spoken fluently _____ Other languages written fluently _____
Do you have a valid driver's license? <input type="checkbox"/> Yes, Class _____ <input type="checkbox"/> No	
Have you ever applied to or been enrolled in a Title V program? <input type="checkbox"/> Yes <input type="checkbox"/> No Applied Date _____ Enrolled Date _____	

CERTIFICATION STATEMENT

To the best of my knowledge, the information I have provided in this application is accurate and complete.

Signature of Applicant

Date

Please review front & back of application for completeness and Mail to:



Senior Employment Unit – SCSEP Title V
2 Lafayette Street 6th Floor
New York, N.Y. 10007