



Senior Employment Unit – SCSEP Title-V Pgm.  
2 Lafayette Street 6<sup>th</sup> Floor  
New York, NY 10007

Lorraine Cortés-Vázquez  
Commissioner

Date Sent	Office Use:	Date Received
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## 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 (Mandatory):	

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

**Virtual Training capabilities:**

Do you have a Computer/Laptop/Tablet?     Yes     No      Do you have a Smartphone?     Yes     No

Do you know how to use Zoom/Webex:     Yes     No      Do you have Internet Service?     Yes     No

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 ALL sections 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 _____	Do you have computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Graduate//GED <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance
College # Years _____ Grad. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of Study _____	Other languages spoken fluently _____
Certificates/Licenses _____	Other languages written fluently _____

Do you have a valid driver's license?  Yes, Class \_\_\_\_\_  No

Have you ever applied to or been enrolled in a Title V program?  Yes  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:



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SCSEP is a U.S. Department of Labor equal opportunity employer program.  
Auxiliary aides and services are available upon request to individuals with disabilities