

Job Center Pre-Registration Form

Please complete this form and bring it with you to your initial appointment so that we may better serve you.

First Name	Middle Initial	Last Name	•
//		Work Assignment/Work Release Circle if N/A	
Are you a Military Veteran? If yes, have you served over 180 days active dut	ty:	Yes Yes	No No
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Do you know when you will release?Y	es No	Approximate date if known:	
Where do you plan to release?			Don't Know
Do you have at least one support person where	you will release (family	, friend, other)?Yes	No
Education Level: High School Diploma Associates Degree Doctorate Degree Other (less than High Sch	nool, last grade comple	ted)	
Manufacturing/Assembly Office/Accounting Construction/Welding Health Care Occupations Other	Customer IT/Financ Other Ski	Service/Sales/Retail	
Do you have any restrictions or issues that will/c Transportation Concerns Child Care/Other Family Responsibilities Mental Health/AODA Issues Communication Needs (phone/email)	Health/Dis Basic Nee Ongoing	to secure and maintain employmer sability eds (food, shelter, health care) Freatment Needs sh to disclose at this time	nt?
Please expand upon any of the above so we car	n have a better underst	anding of how to serve you.	