

Customer Information Sheet



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Name:	Today's Date:	
Date of Birth:	Social Security Number:	
Mailing Address:	Physical Address (if different than mailing):	
E-mail address:	Home Phone or Cell/Message Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black	<input type="checkbox"/> Hawaiian Native / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> More than one race	
Disability Status: <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> No Disability	Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Veteran <input type="checkbox"/> Other Eligible Person
Employment Information: <input type="checkbox"/> Employed - Where: _____ Job Title: _____ Hourly Wage: _____ How many of the last 24 months have you worked? ____ <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed, received termination notice. <input type="checkbox"/> Separated from the Military <input type="checkbox"/> Unemployment Claimant Date of Dislocation: _____	If you are a Veteran, please check which of the following applies: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled Vet. <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Released Veteran	Dates of Service: to Type of Discharge:
If UI Claimant: <input type="checkbox"/> Referred by Worker Profiling System <input type="checkbox"/> Not Referred by Worker Profiling System <input type="checkbox"/> Exhausted UI Benefits	MSFW: <input type="checkbox"/> Migrant Farm worker <input type="checkbox"/> Migrant Seasonal Farm worker <input type="checkbox"/> Migrant Food Processor	
Other Personal Situations: <input type="checkbox"/> Homeless <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Runaway Youth <input type="checkbox"/> Single Parent <input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Foster Care Youth		

Education: Are you currently attending school? No Yes, Where: _____ Subject: _____

- Highest Grade Completed: _____
- High School Graduate / GED
 - Attending High School
 - Attending an Alternative School
 - Attending Post-Secondary School
 __ Vocational/Technical __ College
 - Not Attending High School
 - Dropped Out of High School

- Associate's Degree
 - Bachelor's Degree
 - Master's Degree
 - Doctorate Degree
- Vocational Training Completed/Certification Date: _____
 Training Subject/Certification Title: _____

List 3 Contacts - (Do not list people that have the same phone as your home or message phone numbers listed above)

Name and Relationship:	Home Phone:	Cell/message phone	Address:
1.			
2.			
3.			

Identify Any Barriers you may have to attending the Employment Planning Session:

- Barrier(s) Identified:**
- Transportation: Yes No
- Child Care: Yes No
- Other: Yes No List: _____

Customer Acknowledgement:
 I will notify my Talent Development Specialist if and/or when there are any changes to the above information.

Signature: _____ **Date:** _____

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