



Southeast Ohio
 Monroe, Morgan, Noble &
 Washington Counties
 A proud partner of the
 American Job Center network

OMJ CENTER REGISTRATION FORM

(rev. 3/2018)

Welcome to our center! Please complete the following information by PRINTING legibly. The information is used to determine how our staff may assist you and allows you full access to center resources.

All information is kept **CONFIDENTIAL**.

How did you hear about us?	First Name	M.I.	Last Name
Street/Mailing Address		City, State, and Zip	County
Date of Birth: / /	Are you a veteran? Yes (Thank you for your service!) No	Email Address: _____	
Current Age: _____	Are you a spouse/family caregiver of a veteran? Yes No	Phone #: _____	
Gender Male - Female	If "yes", Branch of Service: _____	Emergency Contact Person: _____	
	Dates of Service: _____	Contact Person Phone #: _____	
	Discharge Type: _____		

What brings you into our center today? (check all that applies)

<input type="checkbox"/> Help with a resume'	<input type="checkbox"/> Financial Aid for School/Training	<input type="checkbox"/> Help with Unemployment Requirements
<input type="checkbox"/> Job postings	<input type="checkbox"/> Info on GED/ABLE	<input type="checkbox"/> Info on WIOA Programs
<input type="checkbox"/> Computer access	<input type="checkbox"/> Info on Veteran Services	<input type="checkbox"/> OTHER REASON(S) FOR VISIT: _____
<input type="checkbox"/> Copier/Printer Access	<input type="checkbox"/> Info on Disabilities Programs	_____
<input type="checkbox"/> Phone and/or Fax	<input type="checkbox"/> Info on Senior Aid Programs	

Please circle the OMJ Center location that you are seeking service from:

Washington County				
Monroe County OMJ 100 Home Avenue Woodsfield, OH 43793 (740) 472-1602	Morgan County – OMJ 155 East Main, Lower Level McConnelsville, OH 43756 (740) 962-2519	Noble County – OMJ 46049 Marietta Rd Caldwell, OH 43724 (740) 732-2392	Ohio Means Jobs 1115 Gilman Ave., Ste B Marietta, OH 45750 (740) 434-0758	WIOA Adult & DW 218 Putnam St. Marietta, OH 45750 (740) 373-3745

I _____, agree that the staff of the Ohio Means Jobs (OMJ) Center may exchange and disclose information on me in order to make determination of my eligibility for benefits and/or services provided by programs under the partner agencies.

Signature: _____ **Date:** _____

OWCMS Mini Registration Completed? Yes No **Center Staff Initials:** _____

ELIGIBILITY/CAREER SERVICES: The following is used to determine additional services you may qualify for.

Are you legally authorized to work in the U.S.? Yes No Are you registered for Selective Service (males only, born on or after 1/1/1960)? Yes No Exempt If yes, SSR#: _____	Do you have a valid driver's license? Yes No State of License: _____ Endorsements? <input type="checkbox"/> Commercial; <input type="checkbox"/> CDL-A; <input type="checkbox"/> CDL-B; <input type="checkbox"/> CDL-C	Are you married? Yes No If "yes", is spouse working? Yes No How many are living in the household? _____ Estimated Household Income past 6 months: (gross before taxes are taken out) \$ _____
Is your Ethnicity Hispanic or Latino? (Optional) Yes No	Race: (Optional) <input type="checkbox"/> American Indian/Alaska Native; <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian; White; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Other Is English your Native or Primary Language? Yes No Other: _____	
Are you currently employed? Yes No If yes: # Hrs/Week: _____ Hrly rate: \$ _____/hour Have you been laid off or notified of a layoff or let go? Yes No Are you receiving or exhausted unemployment compensation? Yes No If yes to either, last date of Employment: _____; Tenure with company? _____ (months) Employer Name: _____ Address: _____ Job Title/Position: _____; Last Hourly Wage Paid: _____		
Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Circle Diploma/Degrees attained: High School Diploma/GED; Associates; Bachelor; Masters; Doctoral Are you currently a student? Yes No If "yes", School Attending: _____ Are you in default of a student loan? Yes No Are you receiving a student loan? Y N Are you receiving PELL? Y N	Do you receive or in the past "6 months" have received or is a member of a family that has received: <input type="checkbox"/> SNAP (food stamps) or TANF <input type="checkbox"/> Medical Card <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Public Assistance: _____	
Please circle if you have any of these barriers: an offender (misdemeanor or felony); a school dropout; homeless; pregnant or parenting; have a disability; runaway; limited English proficiency; and/or current/past foster child; other: _____		
By signing, I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, may be grounds for immediate termination and/or penalties as specified by law. I authorize and direct any federal, state or local agency, organization, business or individual to release and verify information needed to process my eligibility to participate and/or to maintain my continued assistance. I also consent for OMJ Staff to release information from my file for the purpose of obtaining services. I further authorize the OMJ staff to use my social security number & address for any service that I receive. I also authorize agencies from whom information is needed to release such information to OMJ staff. I agree center staff & partners may verify information regarding any employment gained.		
Applicant Name (Printed): _____		Social Security #: _____
Applicant Signature: _____		Date: _____
If under 18 YOA, Parent/Guardian Signature: _____		Date: _____
Enrollment Date in OWCMS/Career Services: _____		
Funding Sources Enrolled: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other: _____		
Staff Signature: _____		Date: _____