

# New York State Department of Labor

## Employment Assistance Checklist

This information will be transmitted to your local veterans' program staff for priority of services within your local Career Center

**Please complete all fields**

**When complete, please e-mail to: Ask.Vets@labor.ny.gov OR MAIL TO: New York State DOL Veterans Program Office, Harriman State Office Campus Building 12, Room 428, Albany NY 12240**

<b>Personal Information</b>				
Name (First, M, Last)	Social Security # (Last 4)	Grade/Rank	Gender	
Street Address			City	
State	Zip	County	Closest Major City (if applicable)	
Email		Phone w/Area Code	Age Range <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-45 <input type="checkbox"/> 45+	

<b>Service/Education/Skills/Interest</b>			
Service (select only one) <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Other	Highest Degree Completed <input type="checkbox"/> HSE <input type="checkbox"/> High School <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	Major Area of Study:  College Name:	Military Occupational Skill  DD-214 <input type="checkbox"/> Yes <input type="checkbox"/> No  Clearance Type  Service-Connected Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No    Pending
List any licenses, certifications, skills or hobbies (examples: CDL B, working on cars, computers, etc.)			

<b>Employment/Training</b>				
Notes:		Service Member	Spouse	
	Do you have employment after discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What type of employment are you seeking?	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Volunteer w/Stipend	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Volunteer w/Stipend	
	What shifts can you work?	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Split <input type="checkbox"/> Weekends	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Split <input type="checkbox"/> Weekends	
	What is the lowest rate of pay you can accept?	\$ _____ Per Hour	\$ _____ Per Hour	
	Are you in a Union? Type: _____ Local # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have a resume?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you need help creating/revising a resume?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you need help filing for unemployment insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you interested in attending employment workshops? (Resume, interview skills, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you want information on training opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you relocating to another city or state? Where? _____ When? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Before today were you aware of the DOL Veterans Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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