

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: ng.ny.nyarnng.list.yellow-ribbon@mail.mil

| Personal Information | | | | |
|-----------------------|----------------------------|-------------------|--|--|
| 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+ | |

| Service/Education/Skills/Interest | | | |
|---|--|---|---|
| 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.) | | | |

| Employment/Training | | | | | |
|--|--|--|--|-----------------------------|--|
| 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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Split <input type="checkbox"/> Weekends | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <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 | | |

Clear