

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.mbx.family-programs@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: <hr/> 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

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