



# Customer Information Form - NYC Business Solutions Training

This Customer Information Form is confidential and registers you as a recipient of training funded in part by NYC Business Solutions Training.

Please print clearly in ink. Please be sure to SIGN AND DATE this form.

## Company Information

**Company Name:** \_\_\_\_\_

## Customer Information

**Name:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
Last First Middle Initial xxx - xx - xxxx

**Gender:**  Female  Male **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

## Education Level

**Highest level of education completed:**

- Less Than High School  
(Please indicate last grade level completed \_\_\_\_\_)
- GED
- High School
- Some College
- Associate's
- Bachelor's
- Master's
- Doctoral

**Are you currently enrolled in school?**  **Yes**- If so, what level?  
 High School/GED  
 College/Vocational/Professional Degree  
 **No**

## Military Service

**Are you a Service Veteran?**  **Yes**  **No**

**Dates of Active Service** Start \_\_\_\_\_ End \_\_\_\_\_

**Are you a disabled veteran?**  **Yes**  **No**

## Demographic Information (optional)

**Ethnicity:**  Hispanic/Latino/Latina  Not Hispanic/Latino/Latina

**Race:**  
 Asian  
 White  
 American Indian or Alaskan native  
 Black or African American  
 Native Hawaiian/Pacific Islander  
 Other

I certify, to the best of my knowledge, I have provided true, accurate, and complete information on this form. I understand that the information I have supplied may be subject to verification and used for New York State and Federal reporting purposes. I also certify that I have received the Workforce Investment Act Notice of Rights and a Voter Registration form. I understand that registering to vote is voluntary and that I am not required to do so in order to obtain NYC Business Solutions Training Funds services. I hereby authorize my employer to release information about my employment to the New York State Department of Small Business Services and the New York State Department of Labor. Information may include but is not limited to: job title, wages, job start/end date, and number of hours worked/week. I understand that this information may be shared with other governmental agencies and their vendors and partners in the Workforce system for purposes of program management/administration.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

		<b>Notes</b>
<input type="checkbox"/>	<b>Verification of Birth Date</b>	
<input type="checkbox"/>	<b>Pending</b>	
<input type="checkbox"/>	<b>Birth Certificate</b>	
<input type="checkbox"/>	<b>Driver's License</b>	
<input type="checkbox"/>	<b>Passport</b>	
<input type="checkbox"/>	<b>School Records / Identification Card</b>	
<input type="checkbox"/>	<b>Federal, State or Local Government ID Card</b>	
<input type="checkbox"/>	<b>Work Permit</b>	
<input type="checkbox"/>	<b>DD-214: U.S. Military Report of Transfer or Discharge</b>	
<input type="checkbox"/>	<b>Public Assistance / Social Services Records</b>	
<input type="checkbox"/>	<b>Other</b> _____	