

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 this information may be shared with other governmental agencies for the purposes of program administration.

Signature _____ Date _____ / _____ / _____

FOR OFFICE USE ONLY

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