



Senior Employment Unit – SCSEP Title-V Pgm.
2 Lafayette Street 6th Floor
New York, NY 10007

Lorraine Cortés-Vázquez
Commissioner

Date Sent	Office Use:	Date Received
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EMPLOYMENT ASSISTANCE SERVICES FORM

Please be advised that placement and training opportunities may not be available if the participant is not vaccinated.

First Name	M.I.	Last Name	Social Security Number
Address Street & Number		Apartment #	
City	State	Zip Code	Date of Birth Month Day Year
Telephone # ()	Cell Phone # ()	Email Address (Mandatory):	

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you have a Green Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you have an INS work authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please select one (1) type of training you would be interested in:

Home Health Aide Training
 Food Handling Training
 Security Guard Training

Virtual Training capabilities:

Do you have a Computer/Laptop/Tablet? Yes No
 Do you have a Smartphone? Yes No
 Do you know how to use Zoom/Webex: Yes No
 Do you have Internet Service? Yes No

How did you hear about our program?

Some programs are funded through Federal or State funds. We are required to ask questions regarding income.

Total number of people in household (including yourself) _____ Number of people you claim as dependents _____

Does anyone claim you as a dependent? Yes No

LIST INCOME OF ALL FAMILY MEMBERS FOR THE LAST 12 MONTHS

	Self	Spouse	Other	Other
Earnings from Employment	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Pension	\$	\$	\$	\$

Do you receive any of the following (Please circle) Disability Cash Assistance SSI

Do you receive Unemployment Insurance? Yes No If yes, beginning date ____/____/____

If you do not receive any of the above, how have you supported yourself during the past 12 months?

You must complete ALL sections entirely and also attach a Resume.

EMPLOYMENT HISTORY – BEGIN WITH MOST RECENT EMPLOYER

1. Employer			Dates of Employment From ___/___/___ To ___/___/___	
Address				
City	State	Zip Code	Title	
Duties performed			Why did you leave?	
2. Employer			Dates of Employment From ___/___/___ To ___/___/___	
Address				
City	State	Zip Code	Title	
Duties performed			Why did you leave?	

EDUCATION AND SKILLS

Last Grade Completed _____	Do you have computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Graduate//GED <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance
College # Years _____ Grad. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of Study _____	Other languages spoken fluently _____
Certificates/Licenses _____	Other languages written fluently _____
Do you have a valid driver's license? <input type="checkbox"/> Yes, Class _____ <input type="checkbox"/> No	
Have you ever applied to or been enrolled in a Title V program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applied Date _____	Enrolled Date _____

CERTIFICATION STATEMENT

To the best of my knowledge, the information I have provided in this application is accurate and complete.

Signature of Applicant

Date

Please review front & back of application for completeness and Mail to:



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SCSEP is a U.S. Department of Labor equal opportunity employer program.
Auxiliary aides and services are available upon request to individuals with disabilities
REV 9/9/2021