

Customer Information Form
Iowa Workforce Development

Date:

____/____/____
Month Day Year

PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.
THIS INFORMATION WILL BE USED FOR JOB MATCHING/JOB REFERRALS.

SECTION A: BASIC INFORMATION

Social Security Number: --

PLEASE PRINT

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>

Mailing Address:

<input type="text"/>
<i>Street</i>
<input type="text"/>
<i>Apartment Number, Post Office Box</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

E-mail Address:

<input type="text"/>	<input type="text"/>
<i>Area Code</i>	<i>Home Telephone Number</i>

<input type="text"/>	<input type="text"/>
<i>Area Code</i>	<input type="checkbox"/> <i>Cell</i>

<input type="text"/>	<input type="text"/>
<i>Area Code</i>	<input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>

Date of Birth: /____/____/____
Month Day Year

Gender: **Female** **Male** **Not Declared**

Seasonal Farm Worker: **Yes** **No**

Check any/all that apply: **Farm Worker** **Food Processor** **Migrant Agriculture Worker**

Are you a citizen or otherwise legally eligible to work in the United States? **Yes** **No**

ETHNIC GROUP / RACE

Do you consider yourself Hispanic/Latino? **Yes** **No**

(Check any/all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hawaiian Native/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White <input type="checkbox"/> Black/African American |

SECTION B: VETERAN STATUS: COMPLETE THIS SECTION ONLY IF YOU ARE A VETERAN

Choose those items that best describe your veteran status:

- Service connected disability, 30% or more.
- Service connected disability, less than 30%.
- Active military service (over 180 days at one time).
- Your husband/wife has total permanent service connected disability, is a prisoner of war, is missing in action or died as a result of a service-connected disability.
- Member of a Reserve/National Guard component who served on active duty during a period of or in a campaign for which a campaign badge was issued.
- Transitioning Service Member. Service member in active duty status (including separation Leave) who is within 24 months of retirement or 12 months of separation.
- Campaign Badge Awarded

Would you like to be contacted by a Veteran's Representative for additional services?

- Yes No

Character of Service: Honorable Medical Retired General Other

Active Duty From:

Month	Year

To:

Month	Year

Are you a homeless veteran? Yes No



Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

62-2101 (06-08)

SECTION C: DESIRED EMPLOYMENT

Are you currently employed? Yes No

Do not use “open”, “any”, “laborer”, “customer service”, “production worker”, “factory”, “government”.

O*NET CODES	LIST UP TO 6 TYPES OF EMPLOYMENT YOU ARE QUALIFIED FOR AND INTERESTED IN SEEKING:	MONTHS EXPERIENCE	LAST YEAR WORKED
43-6012.00	Example: <i>Legal Secretary/Receptionist</i>	36	2001

List any specific employers you are interested in. i.e Tones, 3M, etc.	Staff Use Only/Registration Codes

SECTION D: JOB INFORMATION

Minimum wage you will accept: \$ per hour week year

Willing to work for commission? Yes No

Type: Full Time Part Time Temporary Seasonal

Shift: Days Evenings Nights Rotating Split

Work Saturday: Yes No Work Sunday: Yes No

Are you willing to live at work site? Yes No Are you willing to relocate? Yes No

Are you willing to commute? Yes No If yes, how many miles one way? _____

Maximum pounds you can lift on a regular basis:

Light to 20 lbs. Medium to 50 lbs. Heavy to 75 lbs. Very Heavy over 75 lbs.

SECTION D: CONTINUED

Valid Driver's License: Yes No

Commercial License: Type A CDL Type B CDL Type C CDL Type D
Non-Commercial Chauffeur

- Current Endorsements:
- Air Brakes (A)
 - Double or Triple Bottom Trailer (T)
 - Hazardous Materials (H)
 - Motorcycle (M)
 - Passenger (P)
 - School Bus (S)
 - Tank Vehicle (N)
 - Tank and Hazardous Materials (X)
 - Taxi Cab (Z)

Restrictions: _____

SECTION E: EMPLOYMENT HISTORY

Would you like employers to view your name, contact information, work history, skills, education and employment goals in the form of an applicant profile on our website? Yes No

List your work experience starting with your current or most recent job.

No work history.

Exclude from applicant profile

Business Name:	City	State
Start Date: <small>Month</small> <small>Year</small>	End Date: <small>Month</small> <small>Year</small>	or <input type="checkbox"/> Still Employed
Job Title:	Are you interested in similar employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Description/duties (Include skills obtained and/or tools/machines used):		

Exclude from applicant profile

Business Name:	City	State
Start Date: <small>Month</small> <small>Year</small>	End Date: <small>Month</small> <small>Year</small>	or <input type="checkbox"/> Still Employed
Job Title:	Are you interested in similar employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Description/duties (Include skills obtained and/or tools/machines used):		

SECTION E: CONTINUED

Exclude from applicant profile

Business Name:		City	State
Start Date:	Month Year	End Date:	Month Year or <input type="checkbox"/> Still Employed
Job Title:		Are you interested in similar employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Description/duties (Include skills obtained and/or tools/machines used):			

SECTION F: EDUCATION

Are you in School? Yes No How many years of education? _____

Do you have a high school diploma/GED? Yes No

Exclude from applicant profile

Name of School	City and State	Date Completed

Highest post high school level attained:

Associates Bachelors Masters PhD

Major: _____

Exclude from applicant profile

Name of School	City and State	Date Completed

Exclude from applicant profile

Additional Educational Accomplishments:

CERTIFICATIONS/PROFESSIONAL LICENSES

Do not include driver's license information in this section. Attach a separate sheet if needed.

Example of a Certification

Example of a professional license

<input checked="" type="checkbox"/> Certification <input type="checkbox"/> Professional License	<input type="checkbox"/> Certification <input checked="" type="checkbox"/> Professional License
Type: Certified Nurse Aide	Type : Cosmetologist/Teacher
State: Iowa	State: Minnesota

<input type="checkbox"/> Certification <input type="checkbox"/> Professional License	<input type="checkbox"/> Certification <input type="checkbox"/> Professional License
Type:	Type:
Date of Completion:	Date of Completion:
State:	State:

Do you have a disability? Yes No (Optional)

Please complete Section G on page 7 to provide a list of the skills/abilities you can demonstrate to an employer for the type of work you are seeking.

STAFF USE ONLY:

Staff assisted services, referrals to support service, referrals to other programs and/or services

SECTION G: SKILLS/ABILITIESPlease indicate the skills/abilities you can demonstrate to an employer upon referral.

Administrative Support/Office	
<input type="checkbox"/>	Banking (BANKI)
<input type="checkbox"/>	Collections (COLLE)
<input type="checkbox"/>	Data Entry (DATAE)
<input type="checkbox"/>	General Office (GENOFF)
<input type="checkbox"/>	Human Resources (HRES)
<input type="checkbox"/>	Insurance (INSUR)
<input type="checkbox"/>	Legal Terminology (LEGAL)
<input type="checkbox"/>	Medical Terminology (MEDIT)
<input type="checkbox"/>	Quarterly Tax Prep (QUART)
<input type="checkbox"/>	Ten Key (TENKE)
<input type="checkbox"/>	Typing (TYPIN)
Agriculture	
<input type="checkbox"/>	Farming (FARMI)
<input type="checkbox"/>	Livestock (LIVES)
Bookkeeping /Accounting	
<input type="checkbox"/>	Accounts Payable (ACCTP)
<input type="checkbox"/>	Accounts Receivable (ACCTR)
<input type="checkbox"/>	Computer Accounting (COMPA)
<input type="checkbox"/>	Invoicing (INVOI)
<input type="checkbox"/>	P & L Statements (PALST)
<input type="checkbox"/>	Payroll (PAYRO)
Computer Skills	
<input type="checkbox"/>	Dbase (DBASE)
<input type="checkbox"/>	Desktop Publishing (DESKT)
<input type="checkbox"/>	E-mail (EMAIL)
<input type="checkbox"/>	Excel (EXCEL)
<input type="checkbox"/>	Graphic Design (GRAPH)
<input type="checkbox"/>	Illustrator (ILLUS)
<input type="checkbox"/>	Linux (LINUX)
<input type="checkbox"/>	Lotus/Lotus Notes (LOTUS)
<input type="checkbox"/>	MacIntosh (MACIN)
<input type="checkbox"/>	Microsoft Project (MSPROJ)
<input type="checkbox"/>	Microsoft Word (MICRW)
<input type="checkbox"/>	Outlook (OUTLK)
<input type="checkbox"/>	PageMaker (PAGEM)
<input type="checkbox"/>	Peachtree (PEACH)
<input type="checkbox"/>	PhotoShop (PHOTS)
<input type="checkbox"/>	PowerPoint (POWER)
<input type="checkbox"/>	Presentations (PRESE)
<input type="checkbox"/>	Print Shop (PRINT)
<input type="checkbox"/>	Publisher (PUBL)
<input type="checkbox"/>	Quattro-Pro (QUATT)
<input type="checkbox"/>	Quick Books (QUICB)
<input type="checkbox"/>	Quicken (QUICK)
<input type="checkbox"/>	UNIX (UNIX)
<input type="checkbox"/>	Windows (WIN)

Construction / Industrial	
<input type="checkbox"/>	Backhoe/Trackhoe (BACKH)
<input type="checkbox"/>	Blueprint Reading (BLUEP)
<input type="checkbox"/>	Brick Mason (BRICKM)
<input type="checkbox"/>	Bulldozer/Grader (BULLD)
<input type="checkbox"/>	Cabinetry (CABIN)
<input type="checkbox"/>	Carpentry Finish (CARPF)
<input type="checkbox"/>	Carpentry Rough (CARPR)
<input type="checkbox"/>	Cement (CEMEN)
<input type="checkbox"/>	Crane Operator (CRANE)
<input type="checkbox"/>	Drywall (DRYWL)
<input type="checkbox"/>	Electrical (ELECC)
<input type="checkbox"/>	Forklift (FORK)
<input type="checkbox"/>	Framer Metal Studs (FRAME)
<input type="checkbox"/>	Plumbing (PLUMB)
<input type="checkbox"/>	Solder by Hand (SOLDE)
Drafting	
<input type="checkbox"/>	AutoCad (AUTOC)
<input type="checkbox"/>	CadCam (CADCA)
<input type="checkbox"/>	LaserCad (LASER)
General	
<input type="checkbox"/>	Computer Literate (COMPK)
<input type="checkbox"/>	Internet Knowledgeable (INTER)
<input type="checkbox"/>	Oil/Tire Change (OTRCH)
<input type="checkbox"/>	Sales (SALES)
<input type="checkbox"/>	Technical Writing (TECHWR)
<input type="checkbox"/>	Telemarketing (TELE)
<input type="checkbox"/>	Warehouse/Production (WARE)
Language	
<input type="checkbox"/>	Bilingual Other (BILO)
<input type="checkbox"/>	Bilingual Spanish (BILIS)
<input type="checkbox"/>	Sign Language (SIGNL)
Machining	
<input type="checkbox"/>	CNC Operator (CNCOP)
<input type="checkbox"/>	CNC Programmer (CNCPR)
<input type="checkbox"/>	Calipers/Micrometers (CALIP)
<input type="checkbox"/>	Lathes/Mills/Presses (LATHE)
<input type="checkbox"/>	Machine Tool Tech (MACHI)
<input type="checkbox"/>	Metric (METRI)
<input type="checkbox"/>	Punch Press/Drill Press (PUNCH)
Managerial Skills	
<input type="checkbox"/>	Benefits Administrator (BENEF)
<input type="checkbox"/>	Conflict Management (CONMG)
<input type="checkbox"/>	Employee Supervision (SUPER)
<input type="checkbox"/>	Fiscal Admin/Budgeting (BUDGT)
<input type="checkbox"/>	Fund Raising (FUNDR)
<input type="checkbox"/>	Grant Writing (GRNTW)
<input type="checkbox"/>	Human Resource Functions (HMRES)
<input type="checkbox"/>	Marketing (MARK)
<input type="checkbox"/>	Project Management (PROJM)
<input type="checkbox"/>	Purchasing (PURCH)
<input type="checkbox"/>	Quality Control (QCONT)
<input type="checkbox"/>	Sales Management (SMGT)
<input type="checkbox"/>	Training (TRAIN)

Programming Tools	
<input type="checkbox"/>	AS 400 (ASFOU)
<input type="checkbox"/>	Access (ACCES)
<input type="checkbox"/>	Adobe (ADOBE)
<input type="checkbox"/>	C++ (CPP)
<input type="checkbox"/>	CICS (CICS)
<input type="checkbox"/>	COBOL (COBOL)
<input type="checkbox"/>	DELPHI (DELPH)
<input type="checkbox"/>	DreamWeaver (DREAM)
<input type="checkbox"/>	Flash (FLASH)
<input type="checkbox"/>	FrontPage (FRONT)
<input type="checkbox"/>	HTML (HTML)
<input type="checkbox"/>	JAVA (JAVA)
<input type="checkbox"/>	Oracle Database (ORACD)
<input type="checkbox"/>	SQL (SQL)
<input type="checkbox"/>	Visual Basic (VISUA)
<input type="checkbox"/>	XML (XML)
Service Industry	
<input type="checkbox"/>	Cash Handling (CAHDLG)
<input type="checkbox"/>	Cashier (CASH)
<input type="checkbox"/>	Child Care (CHILD)
<input type="checkbox"/>	Conflict Management (CONMGT)
<input type="checkbox"/>	Customer Service (CUSTSV)
<input type="checkbox"/>	Food Preparation (FOODP)
<input type="checkbox"/>	Food Service (FOODSV)
<input type="checkbox"/>	Janitorial/Cleaning (JANIT)
<input type="checkbox"/>	Retail Sales (RETSLS)
Truck Driver	
<input type="checkbox"/>	Delivery Driver (DELID)
<input type="checkbox"/>	Local Only (LOCAL)
<input type="checkbox"/>	Over the Road (INTST)
<input type="checkbox"/>	Shag (SHAG)
<input type="checkbox"/>	Refrigeration (REFRI)
Welding	
<input type="checkbox"/>	Aluminum Welding (ALUMI)
<input type="checkbox"/>	MIG Welding (MIG)
<input type="checkbox"/>	Pipe Welding (PIPE)
<input type="checkbox"/>	Stainless Steel Welding (STAIN)
<input type="checkbox"/>	Structural Steel Welding (STRUS)
<input type="checkbox"/>	TIG Welding (TIG)
Tools You Own	
<input type="checkbox"/>	Auto Body Tools (AUTOT)
<input type="checkbox"/>	Carpentry Hand Tools (CARPH)
<input type="checkbox"/>	Cement Tools (CEMET)
<input type="checkbox"/>	Drywall Tools (DRYWT)
<input type="checkbox"/>	Electrical Tools (ELECT)
<input type="checkbox"/>	Hard Hat (HARDH)
<input type="checkbox"/>	Machining Tools (MACHT)
<input type="checkbox"/>	Mechanic Tools (MECHA)
<input type="checkbox"/>	Painting Tools (PAINT)
<input type="checkbox"/>	Plumbing Tools (PLUMT)
<input type="checkbox"/>	Sheet Metal Tools (SHEET)
<input type="checkbox"/>	Steel-toed Boots (STEEL)
<input type="checkbox"/>	Welding Tools (WELDT)

EQUAL OPPORTUNITY IS THE LAW



It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days of the alleged violation with either:

The recipient's Equal Opportunity Officer* for the person whom the recipient has designated for this purpose; or

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT

***Harvey Andrews, State WIA EO Officer**
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
Telephone: (515) 281-8149
harvey.andrews@iwd.iowa.gov

Effective Date : This notice is effective immediately and will remain in effect until further notice.

Elisabeth Buck
Elisabeth Buck, Director

I certify that I have been afforded an opportunity to discuss the "EQUAL OPPORTUNITY IS THE LAW" Notice with a Workforce Development Center Representative.

Please be advised that the Information you provide to the Workforce Development Center may be made available to the Federal, State or Local agencies and their subcontractors who administer employment and training programs.

Print Name: _____

Signature: _____

Social Security Number: _____

Date: _____