

# LAKE1STOP Registration

Staff Initials: \_\_\_\_\_

Jump Start (Y/N): \_\_\_\_\_

UCRS (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the following information to help us determine how we may assist you in meeting your employment goals.**

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Last Name

First Name

Middle Initial

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Date of Birth (M/D/Y)

Age

Social Security Number

Today's Date

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Street Address

City

State

Zip Code

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Phone

Alt. Phone

Fax

E-mail Address

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Mailing Address (if different from above)

City

State

Zip Code

Male \_\_\_\_\_ Female \_\_\_\_\_

**Your Comments/Goals:** \_\_\_\_\_

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## How did you hear about Lake1Stop?

Family/Friend \_\_\_\_\_ Lake1Stop Website \_\_\_\_\_ Church \_\_\_\_\_ ODJFS \_\_\_\_\_ Library \_\_\_\_\_

Employer \_\_\_\_\_ Advertisement \_\_\_\_\_ Job Fair \_\_\_\_\_

Other \_\_\_\_\_

**SCOTI – State of Ohio Re-Employment Additional Information**  
([ohiomeansjobs.com/whatsnew/home.do](http://ohiomeansjobs.com/whatsnew/home.do))

**Highest Grade of School Completed (Highest Degree that you have received)**

None \_\_\_\_\_ GED \_\_\_\_\_ HSD \_\_\_\_\_ Certificate/License \_\_\_\_\_  
Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters \_\_\_\_\_ PHD \_\_\_\_\_

**Race/Ethnic:** Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian \_\_\_\_\_  
Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_  
Other \_\_\_\_\_

**U.S. Citizen:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**A Person with Disabilities:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Veteran:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Active Duty Date:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Driver's License (State):** \_\_\_\_\_ ; non-commercial \_\_\_\_\_ commercial \_\_\_\_\_

**Select at least 2 job titles - the type of work you are seeking:**

Job Title: \_\_\_\_\_ Months of Experience: \_\_\_\_\_

Job Title: \_\_\_\_\_ Months of Experience: \_\_\_\_\_

**Counties you are willing to work in:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Minimum wage acceptable \$ \_\_\_\_\_ /hr.**

**Staff Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree that the staff of *Lake1Stop* may exchange and disclose information about me to determine my eligibility for benefits and/or services provided by programs under the partner agencies. I further agree that information regarding any employment obtained may be verified by my employer.**

**Signature**

**Date**