

Area 15 One-Stop Delivery System consisting of Monroe, Morgan, Noble and Washington Counties

Initial Registration Form (2/29/04)

Please take a moment to complete the following form. The information is used to determine how our staff can assist you and what funding and/or services you may qualify for. All information is kept CONFIDENTIAL and is shared with Center Staff ONLY.

Social Security Number (Optional) - -		First Name		M.I.	Last Name																				
Street/Mailing Address			Apt. No.	City, State																					
County of Residence	Date of Birth (mm/dd/yy)	Gender (circle one) Male Female		Email Address: _____																					
				Phone: _____																					
				Alternate Phone: _____																					
				Fax: _____																					
Ethnicity: (optional) Hispanic or Latino Not Hispanic or Latino		Race: (optional) Asian Native Hawaiian/Other Pacific Islander White American Indian/Alaska Native Black/African American		Currently Employed: Yes No # Hrs/Week: _____																					
<p>I am here because I would like assistance with the following services to meet my employment goals: (check all that apply)</p> <table border="0"> <tr> <td>_____ Job Search/Placement</td> <td>_____ Computer Access</td> <td>_____ Labor Market Info</td> <td>_____ Access to copier, fax, postage</td> </tr> <tr> <td>_____ Networking</td> <td>_____ Career Planning</td> <td>_____ One-Stop Information</td> <td>_____ GED Preparation</td> </tr> <tr> <td>_____ Internet Access</td> <td>_____ Career/Job Change</td> <td>_____ Skills Evaluation</td> <td>_____ Academic Skills Upgrading</td> </tr> <tr> <td>_____ Resume</td> <td>_____ Job Retention</td> <td>_____ Interviewing Skills</td> <td>_____ Other (please list)</td> </tr> <tr> <td>_____ Veterans Info</td> <td>_____ Self-Employment</td> <td>_____ Education & Training</td> <td>_____ Information on Disability Services</td> </tr> </table>						_____ Job Search/Placement	_____ Computer Access	_____ Labor Market Info	_____ Access to copier, fax, postage	_____ Networking	_____ Career Planning	_____ One-Stop Information	_____ GED Preparation	_____ Internet Access	_____ Career/Job Change	_____ Skills Evaluation	_____ Academic Skills Upgrading	_____ Resume	_____ Job Retention	_____ Interviewing Skills	_____ Other (please list)	_____ Veterans Info	_____ Self-Employment	_____ Education & Training	_____ Information on Disability Services
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<p>Release of Information</p> <p>I, _____, agree that the staff of the Area 15 One-Stop Delivery System may exchange and disclose information on me in order to make determinations of my eligibility for benefits and/or services provided by programs under the partner agencies. I further agree that the Area 15 One-Stop Delivery System staff and partners may verify information regarding any employment obtained.</p> <p>Signature _____ Date _____</p>																									
<p>Please Circle the One-Stop Center location that you are seeking service from:</p> <table border="0"> <tr> <td>Monroe County 1-Stop Center 118 Home Ave, Suite 124 Woodsfield, OH 43793 (740) 472-5711</td> <td>Morgan County 1-Stop Center 155 East Main Street McConnelsville, OH 43756 (740) 962-2519</td> <td>Noble County 1-Stop Center 38 Olive Street, PO Box 250 Caldwell, OH 43724 (740) 732-2392</td> <td>Washington County 1-Stop Center 218 Putnam Street, PO Box 144 Marietta, OH 45750 (740) 373-3745</td> </tr> </table>						Monroe County 1-Stop Center 118 Home Ave, Suite 124 Woodsfield, OH 43793 (740) 472-5711	Morgan County 1-Stop Center 155 East Main Street McConnelsville, OH 43756 (740) 962-2519	Noble County 1-Stop Center 38 Olive Street, PO Box 250 Caldwell, OH 43724 (740) 732-2392	Washington County 1-Stop Center 218 Putnam Street, PO Box 144 Marietta, OH 45750 (740) 373-3745																
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PLEASE SEE STAFF BEFORE COMPLETING THE FOLLOWING PAGE FOR STAFF ASSISTED SERVICES.

