

STEP-UP, Incorporated

Client Registration Form

Name: _____ Last, First MI Gender: Male or Female _____ Social Security # _____ Date of Birth: (MM/DD/YYYY) _____	Phone Number Home: _____ Cell: _____ Other: _____ E-Mail: _____	Ethnic Group: _____ Asian, Black, Hispanic, White, Other US Citizen? _____ Veteran? _____ If a Veteran, which branch? _____ Type Discharge: _____ Dates of Service: _____ Do You Have I-9 Required Documentation? Yes _____ No _____
Address: _____ Address Line 1: _____ Address Line 2: _____ City, State, ZIP: _____	Marital Status: Single, Married, Widowed, Divorced, Separated _____ Number in Family: _____ Family Income: _____ (Last 6 Months) Head of Household? Yes _____ No _____ Height: _____ Weight: _____	Offender Status: _____ Pre-trial, Probation, Parole, Incarcerated, Completed all obligations Supervision Location: _____ Address:: _____ Caseworker/Probation Officer Name: _____ Phone Number: _____
Do You have Access to a Vehicle? Yes _____ No _____ Do You Have Access to Public Transportation? Yes _____ No _____	Employment Status: _____ _____ Employed, Underemployed, Unemployed, Not in Labor Force	Date Released: _____ Discharge Date: _____ First Offense: Yes _____ No _____

Offense Record Date	Arrest Charge	Conviction Charge	Sentence

Have You been Department of Rehabilitative Services (DRS) Certified? Yes _____ No _____ If Yes, Where? _____	Drug or Alcohol Rehab? Yes _____ No _____ If Yes, Where? _____ Name of Counselor: _____	Are You Homeless? Yes _____ No _____												
Do you have any serious illness or disability? Yes _____ No _____ If Yes, Explain: _____ _____	Relatives, Friends or Work References Who May be of Assistance: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">Name</th> <th style="width: 40%;">Address</th> <th style="width: 30%;">Phone</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Address	Phone										Do You Have a Valid Driver's License? Yes _____ No _____
Name	Address	Phone												

Education: Highest Grade Completed: _____ High School Graduate: Yes _____ No _____ GED: Yes _____ No _____ College? Yes _____ No _____ College Graduate? Yes _____ No _____ Major Course of Study: _____	Vocational Training? Yes _____ No _____ If Yes, Explain: _____ _____ _____
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Military Training, if Applicable: _____ _____ _____	_____ Be certain to list trades, skills, tools and equipment.																																		
Do You Desire Additional Basic Education or GED Preparation? Yes ___ No ___ If Yes, Explain: _____ Do You Desire Vocational or Skills Training? Yes ___ No ___ If Yes, Explain: _____	List Academic or Vocational Certificates Earned: • _____ • _____ • _____ • _____ • _____																																		
Are You or Have You Been a WIA (Workforce Investment Act) Participant? Yes ___ No ___ If Yes, Where? _____ Are You Registered with The Virginia Employment Commission (VEC)? Yes ___ No ___ When Did You Register with VEC? _____	What Tools or Machinery Can You Operate? _____ _____ _____ _____ _____ _____																																		
List All Your Job Skills: _____ _____ _____ _____																																			
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Are You or Have You Been a Union Member? Yes ___ No ___ _____ If Yes, Trade and Local Number: _____	Hours You Are Available for Work: _____ Will Consider Shift Work? Yes ___ No ___ Other Time Constraints, if any: _____ _____																																		
Type of Work Desired: _____ Desired Wage: _____ Lowest Acceptable Wage: _____	Please List Any Professional Certificates, Credentials and/or Licenses: • _____ • _____ • _____ • _____																																		
Who Referred You to STEP-UP? _____	Additional Information: _____																																		
CERTIFICATION & RELEASE: To the best of my knowledge, the information on this registration form is an accurate Statement of my background and circumstances. I allow release of personal records for official purposes only, relative to employment and training opportunities.	Applicant Signature: _____ Date Signed: _____																																		

**STEP-UP, Incorporated
Client Registration Form**

CONSENT FOR RELEASE OF INFORMATION

NAME: _____

DATE OF BIRTH: _____

HOME OF RECORD: _____

SOCIAL SECURITY #: _____

I, _____, hereby authorize Skill Training Employment Placement-Upward Progress, Incorporated (STEP-UP, Incorporated) and its official representatives to release to prospective employers and/or organizations relative to employment or training information and disclosure of any medical, psychiatric, arrest/conviction, vocational or other pertinent information that might be utilized in determining any appropriate vocational goals and limitations during the job placement process.

This consent is subject to revocation at any time, except to the extent that written action has been taken in reliance thereon to STEP-UP, Incorporated. If this consent is not expressly revoked, it will expire in eighteen (18) month from the date executed.

DATE SIGNED: _____

SIGNATURE: _____

DATE Signed: _____

Parent/Guardian: _____

(Signature of parent, guardian, or legal representative for those under 18 or otherwise unable to sign. Specify Relationship.)

STEP-UP, Incorporated Client Registration Form

WELCOME TO OUR EMPLOYMENT & TRAINING PROGRAM

Let me tell you something about your **CIVIL RIGHTS UNDER FEDERAL LAW.**

Clients enrolled in STEP-UP, Incorporated will not be discriminated against because of race, color, creed, sex, national origin, handicap, political affiliation, or religious belief.

THIS MEANS: No services may be denied to you because of your race, color, or the country in which your parents were born. You may not be segregated or treated any differently from other enrollees because of your race, color, sex, or national origin while you are working or attending classes, and that you must be provided an equal chance to use all facilities available in our program.

If you feel that you have been denied any of these opportunities, you may write to the Executive Director at:

STEP-UP, Incorporated
5900 E. Virginia Blvd., Suite 102
Norfolk, VA 23502

Sincerely,

Sandra W. Brandt

Sandra W. Brandt
Executive Director

I have read and understand the above statement of civil rights under federal law.

Client Name Printed: _____

Client Signature: _____

Date Signed: _____