

Mitchell County JobLink Registration for Services at MCC

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS	CITY OR TOWN	COUNTY	STATE & ZIP CODE

PHONE NUMBER _____ BIRTH DATE _____ SEX _____ RACE _____
 EMAIL ADDRESS _____@_____

EDUCATION—CIRCLE HIGHEST YEAR COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
SPECIAL EDUCATION/TRAINING: List any certificates, diplomas, or degrees. _____

MILITARY SERVICE: DATE ENTERED: _____ DATE SEPARATED: _____
 BRANCH OF SERVICE: _____ RANK WHEN DISCHARGED: _____
 DO YOU HAVE ANY SERVICE RELATED DISABILITIES? _____ IF YES, WHAT PERCENTAGE _____ %

How far would you drive to work one-way? _____ MILES Are you a US Citizen? _____ YES _____ NO
 Are you willing to RELOCATE for a job? _____ YES _____ NO
 If **NEEDED**, do you have: Transportation? _____ YES _____ NO Work Tools? _____ YES _____ NO Vocational License? _____ YES _____ NO
 Do you have a Driver's License? _____ YES _____ NO What class of Driver's License? _____ Is it a CDL? _____ YES _____ NO

WHAT TYPE OF WORK ARE YOU LOOKING FOR & HOW MUCH EXPERIENCE DO YOU HAVE? (Please list specific types of jobs)

WHICH SEMESTER ARE YOU CURRENTLY IN? WHAT IS YOUR CLASS SCHEDULE THIS SEMESTER (WHAT TIMES WOULD YOU NOT BE AVAILABLE FOR WORK)? PLEASE INCLUDE WEEKEND AVAILABILITY.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

LOWEST ACCEPTABLE WAGE? **FULL OR PART-TIME** (CIRCLE CHOICE) **SHIFTS PREFERRED:** 1ST 2ND 3RD ANY

PLEASE CHECK ANY OF THE FOLLOWING SERVICES IN WHICH YOU MAY BE INTERESTED:

- | | |
|---|---|
| <input type="checkbox"/> Career Guidance (Help in choosing a career) | <input type="checkbox"/> Resume Preparation (Creation, typing, etc.) |
| <input type="checkbox"/> Job Search Skills (Interviewing, Applications, etc.) | <input type="checkbox"/> Educational Services (Training, up to 2 years) |
| <input type="checkbox"/> GED/High School Diploma (Basic Skills Training) | <input type="checkbox"/> On-The-Job Training (Training while working) |
| <input type="checkbox"/> Specific Training (Computers, Nursing Assistant, etc.) | <input type="checkbox"/> Training for People with Disabilities |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Other (Please Describe) _____ |
| <input type="checkbox"/> Supportive/emergency Services (childcare, transportation, fuel for heat, electricity, etc – specify) _____ | |

EMPLOYMENT RECORD List your last SIX jobs. You may include significant volunteer work, family businesses, helping a friend/family member at their job, working at home, a significant level of crafts work, etc. Try to fill all six sections.

1. NAME OF EMPLOYER/COMPANY	JOB NAME AND DESCRIPTION
DATE YOU STARTED JOB DATE YOU ENDED JOB	
RATE OF PAY REASON FOR LEAVING	
2. NAME OF EMPLOYER/COMPANY	JOB NAME AND DESCRIPTION
DATE YOU STARTED JOB DATE YOU ENDED JOB	
RATE OF PAY REASON FOR LEAVING	

3. NAME OF EMPLOYER/COMPANY		JOB NAME AND DESCRIPTION	
DATE YOU STARTED JOB	DATE YOU ENDED JOB		
RATE OF PAY	REASON FOR LEAVING		

4. NAME OF EMPLOYER/COMPANY		JOB NAME AND DESCRIPTION	
DATE YOU STARTED JOB	DATE YOU ENDED JOB		
RATE OF PAY	REASON FOR LEAVING		

5. NAME OF EMPLOYER/COMPANY		JOB NAME AND DESCRIPTION	
DATE YOU STARTED JOB	DATE YOU ENDED JOB		
RATE OF PAY	REASON FOR LEAVING		

6. NAME OF EMPLOYER/COMPANY		JOB NAME AND DESCRIPTION	
DATE YOU STARTED JOB	DATE YOU ENDED JOB		
RATE OF PAY	REASON FOR LEAVING		

What is your major field of study?

What year are you in college (first, second, etc)?

Comments and Notes.