

INFORMATION FOR HIREGUAM REGISTRATION

Information on this form is required by our US Department of Labor. Information from this document will be used to generate an "individual profile" on HireGuam which is needed in order to start staff assisted services from the Guam Department of Labor American Job Center.

CLIENT INFORMATION

Full Name:

Last

First

Middle

Social Security #:

____ - ____ - ____

Supplying your SSN helps avoid system errors (duplicate accounts or identity/ account confusion) by enabling our identification verification process. If you have created an account in the past (but forgot your login information, password, or someone made an account for you) your SSN will trigger the system to alert you to prevent any issues with creating an account.

Gender: Male Female**Date of Birth:** / /

Career Connection. Please indicate if you have ever participated in any of the following workforce or education programs.

- | | |
|---|--|
| <input type="checkbox"/> Pre-Apprenticeship | <input type="checkbox"/> Work Experience Program |
| <input type="checkbox"/> Senior Community Service Employment Program (SCSEP) | <input type="checkbox"/> Youth Build |
| <input type="checkbox"/> Technical Training: classroom related training for your occupation | <input type="checkbox"/> HUD/ STEP-UP |
| <input type="checkbox"/> Military technical training school related to your apprenticeship occupation | <input type="checkbox"/> GCC Boot Camps |
| <input type="checkbox"/> DPHSS: Guam Employment & Training Program (GETP) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> DPHSS: Community Work Experience Program (CWEP) | |

CONTACT INFORMATION

Permanent Address:

Physical Street Address

Are you homeless: Yes No

City

State

ZIP Code

Mailing Address

City

State

ZIP Code

Primary Telephone:

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Permission to text: Yes No**Email Address:****Other Phone (optional)**

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Preferred Notification Method: Please select a method in which you prefer to receive your notifications:

- | | | |
|---|---|---|
| <input type="checkbox"/> Internal Message | <input type="checkbox"/> Email | <input type="checkbox"/> Text Message (if available) |
| <input type="checkbox"/> Post Mail | <input type="checkbox"/> Internal Message w/ email notification | <input type="checkbox"/> Text Message Notification (if available) |

Site Access: From where are you accessing this website?

- | | | | | | | |
|----------------------------------|---------------------------------------|-----------------------------------|---|--|--|--|
| <input type="checkbox"/> Work | <input type="checkbox"/> Home | <input type="checkbox"/> Library | <input type="checkbox"/> Career Center | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> College | <input type="checkbox"/> Youth Center | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Military Location | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Mobile device |
| <input type="checkbox"/> Other: | | | | | | |

DEMOGRAPHICS

Citizenship:

- Citizen of US or a US Territory US Permanent Resident (Green Card) Alien/Refugee Lawfully Admitted to the US
 Citizen of Freely Associated States None of the above
(Republic of the Marshall Islands, Palau, and the Federated States of Micronesia: Pohnpei, Kosrae, Chuuk, and Yap)

Hispanic / Latino: Yes No

Race: Please check one or more that describe you best:

- Native American/Alaskan Native
 Asian
 Native Hawaiian or other Pacific Islander
 Black/African American
 White

Levels of Education Completed: Please check ALL that apply:

- High School Equivalency (GED or similar)
 High School Diploma
 1 + Years Post-Secondary Education, No Degree or Certificate
 Short Post-Secondary Certificate (Less than 1 Year)
 Certificate (1 + years of Full-Time Post-Secondary)
 Associate's Degree
 Bachelor's Degree or Equivalent
 Advanced Degree Beyond Bachelor's

Did you Graduate from a Career or Technical High School Program? Yes No

If Yes, Name of High School _____

Career Area _____

Are you a US Military Veteran? Yes No

Mark Yes, if you served on active duty in the armed forces and you were discharged or released from such service under conditions other than dishonorable.

Disability: Do you have disability as defined in the Americans with Disabilities Act? Yes No I choose not to answer.

EMPLOYMENT HISTORY

Current Employment Status:

- Working Full Time
 Working Part Time
 Not Working
 Have Never Worked

Type of business worked in:

- Private Higher Education
 Local Government State Government
 Federal Government Education (K-12)
 Non-Profit Have Never Worked

Are you currently looking for work?

- Yes No

Occupation of Most Recent Employment: Please provide a job title and/or short description of what your tasks or daily duties were at your last or current job. This will allow us to determine your Standard Occupational Code. If you have held multiple recent jobs, please indicate the occupation in which you earned the highest gross pay.

I certify that the above information provided is accurate and complete, to the best of my knowledge. I authorize Guam Department of Labor American Job Center to seek relevant information from outside sources as they see fit.

Print Full Name: _____

Signature: _____

Today's Date: _____/_____/_____

