

Registration Form

Last Name _____ **First Name** _____ **MI** _____

Social Security Number _____ - _____ - _____ **School ID #:** _____

Where were you born? _____

Are you authorized to work in the United States? Yes No

Address _____ **City** _____ **State** _____ **Zip** _____

Primary Phone Number: (____) _____ - _____ **Text Message Cell Number** (____) _____ - _____

School Email Address: _____

Personal Email Address: _____

Birth Date: ____ - ____ - _____ *Example (MM-DD-YYYY)* **Gender:** Male Female

I acknowledge that my data will be shared for program evaluation purposes.

Signature: _____ **Date:** _____

Have you registered with the Selective Service? Yes No N/A

All males born after 12/31/1959 are required to have registered with Selective Service.

Are you a U.S. Citizen? Yes No

If No: Alien Registration No: _____ Expiration (MM/DD/YEAR): _____

Do you have a disability? Yes (answer A and B) No Do not wish to answer

A. Receiving SSI Yes No **B. Receiving SSDI** Yes No

Have you been convicted of a criminal offense? Yes No

Your highest education level achieved

- | | |
|---|--|
| <input type="checkbox"/> __ Grade completed did not receive diploma | <input type="checkbox"/> General equivalency degree (GED) |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> __ Years of college/technical/vocational school |
| <input type="checkbox"/> Vocational school certificate | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Doctorate degree | <input type="checkbox"/> Specialized degree (e.g. MD, DDS) |

Are you attending school?

- No, not attending any school
- Yes, Attending high school, junior high, middle school or elementary school
- Yes, attending an alternative high school
- Yes, attending college or a technical or vocational school

School Name _____

Program enrolled in _____

Program Graduation Date (Month/Year) _____

Current Employment Status

- Working full time Working part time Not working Never worked Other

Type of business worked in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Private Business | <input type="checkbox"/> Local government | <input type="checkbox"/> Federal government |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Higher education | <input type="checkbox"/> State government |
| <input type="checkbox"/> Education (K-12) | <input type="checkbox"/> Have never worked | <input type="checkbox"/> Other |

Are you receiving Unemployment Insurance?

- No, Neither claimant nor exhaustee Yes, Claimant, referred by WPRS
- Yes, Claimant, not referred by WPRS Yes, Exhaustee

Are you currently looking for work? Yes No

Within the last 12 months, have you received a notice of termination of layoff from your job or received documentation that you are separating from military service? Yes No

Current Job Title _____

Start Date _____ **End Date** _____ **Wage/Hr** _____

Public Assistance

Are you receiving TANF? Yes No

Are you receiving Supplemental Security Income? Yes No

- Are you receiving Social Security Disability Insurance Income (SSDI)? Yes No
- Are you receiving Refugee Cash Assistance? Yes No
- Are you receiving General Assistance? Yes No
- Are you in a household receiving Food Stamps? Yes No
- Are you of Hispanic or Latino heritage? Yes No Do not wish to answer

Race – please check all that apply:

- African American/Black American Indian/Alaskan Native
- Asian Hawaiian/Other Pacific Islander
- White I do not wish to answer

Are you in the military, a veteran, or the spouse of a veteran? Yes No

Military Veterans ONLY

Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Servicemember)? Yes No

If you answered yes, please indicate your transitioning type:

- N/A Within 24 months of retirement Within 12 months of discharge

Have you served in active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes No

Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service-connected disability?

- Yes No

Military service entry date: ____-____-____ Example (MM-DD-YYYY)

Military service discharge date: ____-____-____ Example (MM-DD-YYYY)

Received or eligible for a military campaign badge:

- Yes, I have received or I am eligible for a military campaign badge.
- No, I have not received nor am I eligible for a military campaign badge.

Branch of Service: N/A Army Navy Air Force Marines Coast Guard

Army or Air National Guard

Active in the military reserves: Yes No Not specified

Character of service: Honorable Under Honorable Conditions (General) Uncharacterized

Dishonorable Bad Conduct Under other than Honorable Conditions

Other Character of Service _____

Disabled veteran: No Yes, disabled Yes, special disabled (greater than 30%)

Disability Percentage _____

Homeless veteran: Yes, I am a homeless veteran No, I am not a homeless veteran

Referred by Veteran’s Voc Rehab: Yes No

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