



A WorkSource partner
Career Placement Center
 7662 Chanute Street N.E.
 Moses Lake, WA 98837-3299
 (509) 793-2069 / (509) 793-2070



309 East 5th Ave. - Moses Lake, WA 98837
 (509) 766-2559 --- (800) 662-1313 --- Fax (509) 766-4131
www.go2worksource.com

Big Bend and WorkSource Registration and Employment History

Date: _____ Social Security Number: _____
 First Name: _____ MI: _____ Last Name: _____
 Mailing Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Message Phone: () _____
 Email address: _____
 Date of Birth: __/__/__ Male: __ Female: __ Ethnicity: Hispanic/Latino ___ Not Hispanic/Latino ___
 Race: Black/African American ___ American Indian/Alaska Native ___ Native Hawaiian/Pacific Islander ___ White ___
 Legally Entitled to Work in US? Yes ___ No ___ Ex-Offender? Yes ___ No ___
 Currently Employed? Yes / No. If yes, # of Hrs/Week _____ Are you disabled? Yes ___ No ___
 Highest Grade Completed in School: _____ Currently in School? Yes ___ No ___
 Did you drop out of High School? Yes ___ No ___ Are you Homeless or a Runaway? Yes ___ No ___

MILITARY SERVICE

Did You Serve in the U.S. Military? Yes ___ No ___ If Yes: Branch of Service: _____
 Date Entered ___ / ___ / ___ Date Separated ___ / ___ / ___
 Do you have a Service Connected Disability Rating? Yes ___ No ___ If Yes, What Percentage _____ %
 Are you a Chapter 31 Veteran? Yes ___ No ___

ADDITIONAL INFORMATION

Do you have a Valid Driver's License? Yes ___ No ___ State _____
 Do you have a Commercial Drivers License? Yes ___ No ___ Class: (A, B, C, etc) _____
 Endorsements: _____

EMPLOYMENT HISTORY

Employer Name _____ City/State _____
 Job Title _____ Start Date ___ / ___ End Date ___ / ___
 Salary \$ _____ Interval _____ (Hr / Wk / Mo / Yr) Hours per week _____
 Reason for Leaving _____

DESIRED EMPLOYMENT * REQUIRES LISTING EDUCATION AND/OR EXPERIENCE
(RELATED TO DESIRED EMPLOYMENT)

Primary Desired Job Title _____
Number of Months Exp _____ Last year worked _____
Other Desired Job Title(s) _____
Number of Months Exp _____ Last year worked _____ Minimum Desired Hourly Wage _____
Experience _____
Desired Work Location _____ Education _____

PERSONAL ASSESSMENT

✓ Any items in each section that best describes you

JOB BEHAVIOR: (Work Performance Characteristics You Possess)

- | | |
|------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Adapt to Change | <input type="checkbox"/> Follow Instructions |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Good Work Habits & Self-discipline |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Produce Quality Work |
| <input type="checkbox"/> Stay Busy | <input type="checkbox"/> Seek Training Opportunities |
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Welcome Constructive Criticism |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Volunteer & Offer Suggestions |

JOB SEEKING SKILLS: (Processes Used to Locate Jobs & Your Job Search Preparedness)

- | | |
|------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Internet Job Boards | <input type="checkbox"/> Have Updated Resume |
| <input type="checkbox"/> In-person Contacts | <input type="checkbox"/> Have Updated Master Application |
| <input type="checkbox"/> Telephone Contacts | <input type="checkbox"/> Computer Literate |
| <input type="checkbox"/> Newspaper Ads | <input type="checkbox"/> Pass Background Check |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Have Valid Driver's License |
| <input type="checkbox"/> Temp-To-Hire Agencies | <input type="checkbox"/> Have Names/Ph. #'s-Employer References |
| <input type="checkbox"/> Recruiting Agencies | <input type="checkbox"/> First Aid and/or CPR Trained |

JOB KEEPING SKILLS: (Attitude & Productivity Characteristics That Best Describe You)

- | | |
|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Seek Training Opportunities |
| <input type="checkbox"/> Multitask | <input type="checkbox"/> Offer Process Improvement Ideas |
| <input type="checkbox"/> Honest & Ethical | <input type="checkbox"/> Respect Authority & Co-Workers |
| <input type="checkbox"/> Focused / Stay on Task | <input type="checkbox"/> Teachable and Approachable |
| <input type="checkbox"/> Quick Learner | <input type="checkbox"/> Provide Cost Cutting Suggestions |
| <input type="checkbox"/> Meet / Beat Deadlines | <input type="checkbox"/> Seek Advancement Opportunities |
| <input type="checkbox"/> Accident Free Work Record | <input type="checkbox"/> Keep Work Safe & Clean |
| <input type="checkbox"/> Seek New Responsibilities | <input type="checkbox"/> Seasonal Occupation |
| <input type="checkbox"/> Take Pride in My Work | <input type="checkbox"/> Have Current Job Certifications |

OCCUPATIONAL WEAKNESSES & STRENGTHS:

WEAKNESSES:

- Need to Identify My Most Marketable Skills
- Age Discrimination is Limiting My Employability
- Health/Age Affecting My Work Performance
- Job Skills Are Rusty, Possibly Obsolete
- Need Driver's License and/or CDL License
- Criminal Record

STRENGTHS:

- Job Skills Are Current
- Computer Skills Are Current
- Demonstrate Positive Attitude
- Like to Excel & Complete Tasks
- Respected by Mgt & Co-Workers
- Strive to Do Quality Work

Add Any Comments Specific to Your Situation: _____

*WorkSource Central Basin is an equal opportunity employer and provider of employment and training services.
Auxiliary aids and services are available upon request to persons with disabilities.
TTY (509) 766-4129 or Washington Relay at 711.*

Employment Security Department
Data Sharing Notice for WorkSource Moses Lake

The information you provide us is private and confidential and will be shared among WorkSource partners to facilitate the delivery of services to you. Examples of WorkSource partners are community colleges, community service organizations, the Department of Social and Health Services (DSHS), and the Division of Vocational Rehabilitation within DSHS. Each region will have some or all of these types of WorkSource partners and the partners differ in each region. The information will be shared with WorkSource partners only for the purpose of providing you employment and training-related services.

The information we will share includes: the personal information you have provided us such as your name, address and Social Security Number, other relevant identifying information, and your employment and educational history. Sharing of the information among WorkSource partners allows you to receive services from them without having to give the same information to each of the partners.

By contract, WorkSource partners are prohibited from further disclosing this information. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310).

You may ask us to not share your information with WorkSource partners and we will honor that request. If you ask us to not share your information with WorkSource partners, your eligibility for services will not be affected. However, in order to take advantage of the services WorkSource partners offer, you will need to give each one of them information about yourself.

Unless you ask us to not share your information, the relevant information will be shared with our WorkSource partners, so they can assist you in employment and training-related services. If you do not want us to share your information or if you have question about this notice, please contact your local WorkSource or Job Service Center.

Please be advised that even if you ask us to not share your information with WorkSource partners, your information may be shared or disclosed as otherwise required by state or federal law. (AG version, 8/1/00)

Aviso de que Compartimos Datos

Los datos que usted nos proporciona quedan en forma confidencial y privada. Sin embargo, se compartirán entre las organizaciones que forman WorkSource (en español Fuentes -de Trabajo) pero únicamente será con el propósito de brindarle apoyo para el empleo y los servicios relacionados con la capacitación. Por ejemplo tendremos organizaciones como; Community Action Councils, Career Pathways, el Departamento de Servicios Sociales y de Salud (DSHS) y la División de Rehabilitación Vocacional dentro de DSHS. Cada región contará con algunas o todas las organizaciones de WorkSource. En cada región las organizaciones son diferentes. Los datos que compartiremos serán de carácter personal como; su nombre, su dirección, su numero de Seguro Social, cualquier información suya que sea relevante, su historial de trabajo y su educación. El compartir sus datos entre los miembros de WorkSource permitirá que usted pueda recibir los servicios de todas las organizaciones sin tener que dar la misma informacion a cada una de ellas.

Las organizaciones de WorkSource tienen prohibido bajo contrato, el revelar mas allá sus datos. De acuerdo con la Ley de Archivos Publicos (RCW 42.17.310) sus datos NO se divulgarán.

Usted puede pedirnos que no se compartan sus datos con las organizaciones de WorkSource y nosotros respetaremos su petición. Si usted nos lo pide, no compartiremos sus datos entre las organizaciones, esto no afectará su elegibilidad para los servicios. Aunque usted nos pida que no cornpartamos sus datos, si se podrán compartir o revelar si es que la ley estatal o federal asi lo estipula.

Si usted NO quiere que compartamos sus datos, llene las parte de abajo y envíe este aviso a: Labor Exchange Help Desk, Employment Security Department, Employment & Training Division. P.O. Box 9046 Olympia, Washington 98507-9046 o mándela por fax al (306) 438-3173. Si tiene alguna pregunta acerca de este aviso, por favor comuníquese con WorkSource o Al Centro de Servicio para Trabajos en su área. Nombre Número de Seguro Social
Fecha

Data Sharing Notice

ATTACHMENT B

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If you do not want us to share your information, please provide the information requested below and mail this form to the Labor Exchange Help Desk, Employment Security Department, Employment and Training Division, PO Box 9046, Olympia, Washington 98507-9046 or fax it to (360) 438-3173. If you have any questions about this notice, please contact your local WorkSource or Job Service Center.

Name

Social Security Number

Date

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Nombre

Número de Seguro Social

Fecha

EVALUATION

How prepared are you to look for work?

1. Are you currently receiving Unemployment Insurance? yes no
2. Have you lost a job due to downsizing or closure? yes no
3. Can you no longer do the work that you have been doing? yes no
4. Do you have a high school diploma or a GED? yes no
5. Do you have any known disabilities? yes no
6. Do you need accessibility equipment to use our services? yes no
7. Do you know how to use a computer? yes no
8. Do you know how to apply for on-line jobs? yes no
9. Do you have a personal e-mail? yes no
10. Would you like to set-up a free e-mail at WorkSource? yes no
11. Do you know how to use the WorkSource Washington website? yes no
12. Are you aware of WorkSource job search services? yes no
13. Do you have questions about filling out job applications? yes no
14. Are there questions on job applications that you have difficulty answering? yes no
15. Do you have gaps in your work history? yes no
16. Do you have a resume that targets a specific job or industry? yes no
17. Have you posted your resume to the WorkSource Website? yes no
18. Do you feel comfortable and confident with interviewing? yes no
19. Are there other work related services that you have questions about? yes no

Name: _____ Last 4 SS# _____

This evaluation allows WorkSource staff to offer services based on individual needs