

Welcome To Our VI Career Network One Stop Center

HOW CAN WE HELP YOU? (Please check all that apply)

I need

- Help finding work / Job referrals
 - Information about Unemployment Insurance (UI)
 - Information about services for job seekers with disabilities
 - Help finding a new career that fits my skills and interest
 - Vocational /Occupational training
 - Job search skills (resume writing, how to look for work, interviewing, keeping the job, etc.)
 - Information about education (GED, high school completion, college)
 - Computer Classes
 - To improve my basic skills (reading, math)
 - To learn English
 - Information about YouthNet and/or Youth Services
 - referral to other services (child care, transportation, housing, legal, counseling, etc)
- other: _____

LAST NAME:	FIRST NAME:
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SOCIAL SECURITY #:	TODAY'S DATE:
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Address:	STREET:	ZIP:
	CITY/STATE:	

Mailing Address:	STREET:	ZIP:
	CITY/STATE:	

Day Phone:	Alt. Phone:
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E-Mail Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth:	Are you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ETHNICITY:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black-not Hispanic	<input type="checkbox"/> White-not Hispanic <input type="checkbox"/> Other
	<input type="checkbox"/> Asian	<input type="checkbox"/> Decline to Answer

EDUCATION STATUS:	Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest grade completed: _____
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Diploma Earned:	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED <input type="checkbox"/> College
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Degrees, licenses, or other credentials you hold: _____

EMPLOYMENT STATUS:	Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what kind of work or occupation are you looking for? Please select as many Occupation Industries that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative & Support | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Scientific, & Technical Services |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Transportation & Warehousing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Legal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Manufacturing | |
| <input type="checkbox"/> Entrepreneurship/Business | <input type="checkbox"/> Public Administration | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Real Estate & Rental & Leasing | |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Retail Trade | |
| <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Security/Law Enforcement | |

ADDITIONAL INFORMATION

Veteran of the U.S. Military Yes No
 Current or former Foster Youth Yes No
 Refugee/Asylee Yes No
 Homeless Yes No
 Receiving Public Assistance
(GA, TANF, Food Stamps, RCA, SSI) Yes No

Pregnant or nursing Yes No
 Ex-Offender Yes No
 Migrant/seasonal farm worker Yes No
 Person with a disability Yes No
 Receiving Unemployment Yes No
 Received Unemployment
within past 12 months Yes No

Permanent Alien #: _____

WORK HISTORY (Please start with last job held)

1. Company/Address:		Job Title1:
City:	State:	Job Duties:
Start Date:	End Date:	
Hourly Wage:	<input type="checkbox"/> PT <input type="checkbox"/> FT	Reason for Leaving:
2. Company/Address:		Job Title2:
City:	State:	Job Duties:
Start Date:	End Date:	
Hourly Wage:	<input type="checkbox"/> PT <input type="checkbox"/> FT	Reason for Leaving:
3. Company/Address:		Job Title3:
City:	State:	Job Duties:
Start Date:	End Date:	
Hourly Wage:	<input type="checkbox"/> PT <input type="checkbox"/> FT	Reason for Leaving:

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

*****FOR OFFICIAL USE ONLY*****Right-to-Work Documents Viewed:

Staff Initials: _____

AOSOS Customer ID Assigned: _____

Date: _____

-CUSTOMER REFERRAL / ACTION PLAN-**TALENT DEVELOPMENT**

- Workforce Intelligence
- Computer Literacy
- Career Assessment
- In-depth Skills Assessment
- Career / Technical Education
- Vocational Training
- On- line Training / Distance learning
- Tuition Assistance
- Subsidized Employment
- Support Services
- Pre - Employment Skills
- Basic Skills
- Soft Skills

TALENT MARKETING

- Workforce Intelligence
- Resume Assistance
- Interviewing Assistance
- Job matching / Referrals
- Pre-screening / Referrals
- Job Fairs
- Employment Networking
- Job Coaching / Career Counseling
- Employer Orientations / Interviews

INSTRUCTIONS FOR COMPLETING SUMMER YOUTH WORK EXPERIENCE PROGRAM (SYWEP) APPLICATION

The Virgin Islands Department of Labor (VIDOL) is pleased to announce that the department has begun accepting and processing Summer Youth Employment and Training registrations. During the 2018 Summer Youth Work Experience and Training Program (SYWEP), each applicant must complete and return the registration form to VIDOL. Customers must provide supporting documents (**refer to Summer Employment Fact Sheet on website**) as part of the job application process. In an effort to match applicants with their desired occupation and/or field of study, VIDOL staff request that customers complete both the **Education Status** and **Employment Status** section of the application:

Completing the Form

Please complete form electronically by typing the answers in the spaces provided. Alternatively you may print out the form and complete it by writing your answers in the spaces provided.

Questions followed by a checkbox (**Additional Information Section**) may be answered by clicking on the checkbox next to the appropriate answer. If completing the form manually, place a check mark next to the appropriate answer.

Some questions provide a blank space for you to enter your information. Please answer those items as well. If the item does not apply, enter "N/A" for 'not applicable'. This lets us know you saw and answered it.

To ensure that you will be contacted by VIDOL staff, please confirm the accuracy of your contact information on application (*Phone, e-mail*).

Sign & Date

If completing the form electronically please type your name in each signature box. Each will be accepted as your signature. If completing the form manually, please sign your name in the spaces indicated. Please be sure to include the date where indicated as well.

Returning the Form

You may return the form by any of the following methods:

- (1) If completing the form electronically please save the form on your computer then send it to the e-mail address noted stxsywep@vidol.gov.
- (2) You may also scan the completed form to an Adobe PDF file, then send the PDF file to the same e-mail address
- (3) You may return the completed form and all requested supporting documents to VIDOL One Stop Location.

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Christiansted, St. Croix