



**DEPARTMENT OF WORKFORCES SERVICES
ISSUANCE NUMBER PY 10-14**

Artee Williams, Director

June 27, 2011

TO: DWS Area Operations Chiefs and Local Office Managers
Local Workforce Investment Areas/Service Providers

SUBJECT: Revised Workforce Center Registration Form - English

1. **Purpose:** To Issue a revision to the current Workforce Center Registration form (DWS-1, 02/17/2006).
2. **Background:** The previous version of the form did not contain certain fields necessary to accurately capturing demographics and to complete the registration.
3. **General Information:** Beginning May 16, 2011, forms may be ordered from DWS Supply through a DWS Local Office Manager, or printed locally from the attachment to the email that transmitted this Issuance. DWS Local Office Managers may also access the form from the S: Drive (AJL Communications/Labor Exchange/Forms).
4. **Action Required:** Begin using the newly revised form immediately, being mindful that:
 - Customers should be encouraged to register on-line (self-service), whenever feasible.
 - When using the form, the information must be entered into AJL as expeditiously as possible to avoid a delay in registration and/or enrollment.
5. **Inquiries:** ES - Janice Roberts at 501-683-1288 or Janice.roberts@arkansas.gov
WIA - Sandy Monaco at 501-682-3131 or sandy.monaco@arkansas.gov
6. **Attachment:** DWS-1 (05-01-11)
7. **Expiration Date:** Continuing.

NAME:	SOCIAL SECURITY NUMBER:	DATE:
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24. If you answered in section 18 that you are **NOT EMPLOYED** or you have been laid off or you have received notice that you will be laid off, please answer the following questions in this section 24.

Please select the ONE that best describes your situation:

- Have you been laid off or received a notice of layoff from your employer as a result of a reduction in the employer's workforce or received a notice of termination from your employer?
- Have you been laid off or received a notice of layoff from your employer as a result of a permanent closing or major layoff?
- Are you employed by an employer who has made a general announcement that the business will close within 180 days?
- Are you employed by an employer who has made a general announcement that the business will close, without naming a specific date?
- Were you self-employed and are now unemployed due to general economic conditions or a natural disaster in your community?
- Are you a displaced homemaker? A displaced homemaker is an individual who was dependent on support from a family member whose support is no longer available, is unemployed or underemployed, and is having difficulty finding a job or finding a good job.
- Are you unemployed as a result of military closures or realignments?
- Are you unemployed due to multiple layoffs in a single local community, significantly increasing the total number of unemployed workers?
- Are you unemployed due to emergencies or natural disasters which have been declared eligible for public assistance by the Federal Emergency Management Agency (FEMA)?
- None of the above.

25. If you were terminated or laid off (dislocated) from your last job, or if you are unemployed due to a natural disaster, please answer the questions in this section 25.

Please enter the date of termination, layoff or disaster _____
(mm/dd/yyyy)

From what industry were you dislocated? _____

What was your occupation (job) at the time of your dislocation? _____

Number of months at employer of dislocation: _____

Hourly wage at dislocation (\$0.00): _____

26. If you were terminated or laid off (dislocated) from your last job, please answer the questions in this section 26.

Are you likely to return to your previous occupation or industry? Yes No

Have you received information that you are eligible for unemployment benefits or that you have exhausted your unemployment benefits?..... Yes No

Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance?..... Yes No

27. To what extent do you want your job registration (résumé) to be seen by employers?

- Search Only – Never Display (No public display of the résumé; allows job seeker and staff to search for matching job listings)
- No Confidential Information (Display all information except phone and fax numbers and address)
- Full Display (Full distribution, full disclosure of all résumé information)

28. Do you want employers to be able to see your work history in order to match their jobs against it? Yes No

29. **Work History:** To finish registering, please enter your most recent work history as you would like for it to appear on your résumé. Registration will begin once this process has been completed. If you do not add a work history or provide information on the type of work you are looking for, your registration with job service will not be completed. **YOU WILL NOT BE REGISTERED WITH JOB SERVICE AND WE WILL NOT BE ABLE TO PROVIDE STAFF ASSISTED JOB PLACEMENT SERVICES.** If you have any questions, please contact your local Arkansas Workforce Center or Department of Workforce Services office.

COMPANY NAME:	Supervisor or Contact Person & Phone Number:
COMPANY CITY:	Description and duties of the job:
STATE:	
JOB TITLE:	
FROM (Mo/Yr):	TO (Mo/Yr):
The above information will appear on your résumé. (Check here <input type="checkbox"/> to leave it off.) The information below will not be on your résumé, but we will use it to serve you better.	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Hours Per Week: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other _____	

Do you want to search for work like this job description? Yes No

NAME:	SOCIAL SECURITY NUMBER:	DATE:
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This section is for **staff use only** and is used to determine eligibility for various programs.

34. Approved TAA petition number:	37. NEG Project ID 1:
35. Approved NAFTA petition number:	38. NEG Project ID 2:
36. Other Statewide 15% Program ID:	39. NEG Project ID 3:

40. Are you a PELL Grant recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, PELL Grant amount per semester: \$
41. EES Client ID: Other Agency Client ID:

42. Low Income

<input type="checkbox"/> Yes <input type="checkbox"/> No	Receives or is a member of a family that receives cash payments under a federal, state, or local income based public assistance program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received an income, or is a member of a family that received a total family income, for the six month period prior to application for the program involved that, in relation to family size, does not exceed the poverty line
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received an income, or is a member of a family that received a total family income, for the six month period prior to application for the program involved that, in relation to family size, does not exceed 70 percent of the lower living standard income level (LLSIL) for an equivalent period
<input type="checkbox"/> Yes <input type="checkbox"/> No	Member of a household that receives, or has been determined within the six month period prior to application for the program involved to be eligible to receive, food stamps
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless individual
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled and own income meets the income requirements of a participant who receives cash payments under federal, state, or local income based public assistance programs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled and own income is at the poverty line for a six month period prior to application for the program involved regardless of whether their family does not meet this income requirement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster child
<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the five percent of youth participants served by youth programs in a local area who do not meet the income criterion for eligible youth

43. Public Assistance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	TEA/TANF Recipient	Number of Months on TEA/TANF/AFDC Cash Assistance:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Subsidized housing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability (SSDI)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Assistance (Please specify):	

44. Needs and Barriers

<input type="checkbox"/> Yes <input type="checkbox"/> No	Basic skills deficient	<input type="checkbox"/> English	<input type="checkbox"/> Math	<input type="checkbox"/> Both
<input type="checkbox"/> Yes <input type="checkbox"/> No	Limited English language proficiency	If yes, primary language:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	School dropout			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting teen			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Offender			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requiring additional assistance to complete an educational program			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requiring additional assistance to secure and hold employment			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning disability			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Poor work history or prospects			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance abuse			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Older worker			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child care			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cultural, social or geographic isolation			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other social barriers			

WORKFORCE CENTER REGISTRATION

(This information will be treated as confidential and used only by staff providing services)

1. SOCIAL SECURITY NUMBER:		2. DATE:	
3. FIRST NAME:	MIDDLE NAME:	LAST NAME:	
4. STREET ADDRESS OR P. O. BOX:			
CITY:	COUNTY:	<input type="checkbox"/> URBAN	<input type="checkbox"/> RURAL
5. TELEPHONE NUMBER:	ALTERNATE PHONE #:	FAX NUMBER:	STATE ZIP
6. E-MAIL ADDRESS:		7. DATE OF BIRTH:	8. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Self Identified
9. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you a single, separated, divorced or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Number in family (counting self):
12. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	13. Education status: <input type="checkbox"/> In-school, high school or less, include ABE/GED <input type="checkbox"/> In-school, alternative school <input type="checkbox"/> In-school, post-high school <input type="checkbox"/> Not attending school or high school dropout <input type="checkbox"/> Not attending school; high school graduate Highest Grade completed: _____		14. Have you served on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes, 180 days or less <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> No If Yes, answer VETERAN questions, below

15. If you answered that you are a **VETERAN**, please answer the questions in this section 15.

Select your branch of service: <input type="checkbox"/> US Air Force <input type="checkbox"/> US Army <input type="checkbox"/> US Coast Guard <input type="checkbox"/> US Marine <input type="checkbox"/> US Navy	Active duty start date: _____	Active duty end date: _____
	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other <input type="checkbox"/> Dishonorable	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a participant in the Transition Assistance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 12 months of discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 24 months of retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Veteran Type: <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign	
Are you entitled to compensation for a disability incurred while on active military duty?		
Were you discharged or released from active military duty because of a disability incurred while on active military duty?		
Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation?		
Are you entitled for compensation for a disability incurred while on active military duty and disability is rated at 30% or more?		
Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment?		
What is your current disability rating from the Department of Veteran Affairs? _____ %		

16. Was your spouse in the military? Yes - answer the questions below in section 16 No - skip this section 16

Are you the spouse of any person who died on active military duty or military service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of any member of the Armed Forces service who, at this time, has been in any one or more of the following categories for more than 90 days? <input type="checkbox"/> Missing in action <input type="checkbox"/> Forcibly detained or interned by a foreign government or power <input type="checkbox"/> Captured in the line of duty <input type="checkbox"/> No	
Are you the spouse of a person who has a total disability permanent in nature resulting from a military service-connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Are you a seasonal farm worker or migrant farm worker? Yes No If Yes, please answer the following questions:

Did you work at least 25 days in any seasonal, agricultural jobs during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you earn at least \$800 in any seasonal, agricultural jobs during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work in a food processing plant on a seasonal and migrant basis during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was at least 50% of your past year's income earned by working in agriculture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was at least 50% of your past year's total work time in agricultural work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work for more than one agricultural employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed, but with notice of termination or military separation Number of weeks not employed during the last 26 weeks: _____	19. Select your interstate worker status: <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states. <input type="checkbox"/> Live in another state and looking for work in another state	20. State Unemployment Insurance <input type="checkbox"/> State claimant <input type="checkbox"/> Federal or military claimant <input type="checkbox"/> Extended benefits claimant <input type="checkbox"/> TRA claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant
21. Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	22. Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-citizen (not eligible to work in U.S.) <input type="checkbox"/> Non-Citizen (eligible to work in U.S.) Alien Cert Number: _____ INS Form Number: _____	23. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Endorsement:

COMPANY NAME:		Supervisor or Contact Person & Phone Number:
COMPANY CITY:	STATE:	Description and duties of the job:
JOB TITLE:		
FROM (Mo/Yr):	TO (Mo/Yr):	
The above information will appear on your résumé. (Check here <input type="checkbox"/> to leave it off.) The information below will not be on your résumé, but we will use it to serve you better.		
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Hours Per Week:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other _____

Do you want to search for work like this job description? Yes No

COMPANY NAME:		Supervisor or Contact Person & Phone Number:
COMPANY CITY:	STATE:	Description and duties of the job:
JOB TITLE:		
FROM (Mo/Yr):	TO (Mo/Yr):	
The above information will appear on your résumé. (Check here <input type="checkbox"/> to leave it off.) The information below will not be on your résumé, but we will use it to serve you better.		
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Hours Per Week:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other _____

Do you want to search for work like this job description? Yes No

COMPANY NAME:		Supervisor or Contact Person & Phone Number:
COMPANY CITY:	STATE:	Description and duties of the job:
JOB TITLE:		
FROM (Mo/Yr):	TO (Mo/Yr):	
The above information will appear on your résumé. (Check here <input type="checkbox"/> to leave it off.) The information below will not be on your résumé, but we will use it to serve you better.		
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Hours Per Week:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other _____

Do you want to search for work like this job description? Yes No

30. If you are seeking a type of job that is not listed in your work history, please list it in this section.	Description and duties of the job you are seeking:
JOB TITLE:	

31. What is your minimum acceptable salary? _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	32. Are you seeking employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either	33. What shift are you willing to work (check all that apply): <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Split
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<i>I attest that the information stated above is true and accurate and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.</i>	APPLICANT SIGNATURE:	DATE:
	PARENT/GUARDIAN SIGNATURE:	DATE: