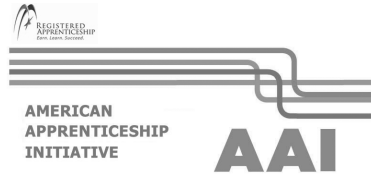


**AMERICAN APPRENTICESHIP INITIATIVE**  
**- Registration Form -**



Date: \_\_\_\_\_

Company/ Program \_\_\_\_\_

Customer Data

- \* **1. Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- \* **2. Last Name** \_\_\_\_\_ \* **3. First Name** \_\_\_\_\_ 4. M.I. \_\_\_\_\_
5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Gender: ☐ Male ☐ Female
- \* **7. Street Address** \_\_\_\_\_ Apt. # \_\_\_\_\_
- \* **8. City** \_\_\_\_\_ \* **9. State** \_\_\_\_\_ \* **10. Zip Code** ( +4 not required) \_\_\_\_\_ - \_\_\_\_\_
11. Phone \_\_\_\_\_ 12. E-Mail Address \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_
- \* **13. Are you a US Citizen?** ☐ Yes ☐ No **If not, are you authorized to work in the United States?** ☐ Yes ☐ No

Ethnicity/Race

14. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
- Note: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.
15. Race: (Check all that apply) ☐ White ☐ Black or African American ☐ American Indian or Alaska Native  
☐ Asian ☐ Native Hawaiian or Other Pacific Islander
- Note: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.
- \* **16. Are you Married?** ☐ Yes ☐ No \* **17. Are you Disabled?** ☐ Yes ☐ No

Education & Employment

- \* **18. Education (Circle or check highest level completed)**
- Grade: None 1 2 3 4 5 6 7 8 9 10 11 12/No Diploma ☐ HS Graduate ☐ GED
- College: 1 yr. 2 yrs. 3 yrs. 4 yrs. plus If college, check all that apply
- ☐ Some College ☐ Vocational Degree/Certificate ☐ Associate's Degree  
☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree

Programs/Public Assistance

26. Are you or any member of your family receiving any Public Assistance (such as food stamps, cash benefits, SSI, etc.)? ☐ Yes ☐ No

Military Service

- \* **29. Are you a veteran?** ☐ Yes ☐ No If yes, provide dates of Active Service \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_



**AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION**  
**FOR THE AMERICAN INITIATIVE GRANT/ REGIONAL APPRENTICESHIP PROGRAM**

In the course of providing the best possible service to participants of the AAI Grant/ Regional Apprenticeship Program (RAP) of the Workforce Development Board of Herkimer, Madison and Oneida counties, the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the AAI Grant/RAP personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives set forth by the AAI Grant/RAP. I understand that the information is confidential and will only be shared with the agencies, institutions, or parties listed below unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will service as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation.

**Please initial next to each section on the underlined area.**

\_\_\_\_\_ **Workforce Development Board** may obtain/provide information regarding my participation in agency programs to include the Employment Division programs, unemployment insurance benefit program, and my participation in Workforce Investment Act employment and training programs.

\_\_\_\_\_ **NY State Department of Labor, and/or MACNY** may obtain/provide information regarding my participation in agency programs. This will include names, social security numbers

\_\_\_\_\_ **The New York State Education** Department and local school districts may obtain/provide information/records relating to my current and past education

\_\_\_\_\_ **The Educational Institutions** involved in my participation in the AAI Grant/Regional Apprenticeship Program may obtain/provide information between internal departments.

\_\_\_\_\_ **The Workforce Investment Act** service provider may obtain/provide information regarding my participation in adult work.

\_\_\_\_\_ **Private and Career training institutions** may provide records relating to current and past training and education

\_\_\_\_\_ **My current and past employers** may provide information related to my employment

\_\_\_\_\_ My likeness and likeness of my dependents may be used for public relations purposes in the media including newspapers, newsletters, TV ads, and other media venues.

As a condition to my authorization, the AAI Grant/Regional Apprenticeship Program agrees to use the information obtained solely for the purpose authorized by law and regulation determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. The authorization is valid for 18 months after the date of exit from my program of service. This authorization is valid for the purpose of obtaining information for the program performance reporting and participant follow-up activities relate to my participation in the AAI Grant/Regional Apprenticeship Program. I understand that, as a condition of my receiving services, information collected by the AAI Grant/Regional Apprenticeship Program will be used for the purpose of determining overall program performance.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**