

**STEP-UP, Incorporated  
Client Registration Form**

<b>Name:</b> _____ Last, First MI <b>Gender: Male or Female</b> _____ <b>Social Security #</b> _____ <b>Date of Birth: (MM/DD/YYYY)</b> _____	<b>Phone Number</b> <b>Home:</b> _____ <b>Cell:</b> _____ <b>Other:</b> _____ <b>E-Mail:</b> _____	<b>Ethnic Group:</b> _____ Asian, Black, Hispanic, White, Other <b>US Citizen?</b> _____ <b>Veteran?</b> _____ <b>If a Veteran, which branch?</b> _____ <b>Type Discharge:</b> _____ <b>Dates of Service:</b> _____ <b>Do You Have I-9 Required Documentation?</b> Yes _____ No _____
--	---	--

<b>Address:</b> _____ <b>Address Line 1:</b> _____ <b>Address Line 2:</b> _____ <b>City, State, ZIP:</b> _____	<b>Marital Status: Single, Married, Widowed, Divorced, Separated</b> _____ <b>Number in Family:</b> _____ <b>Family Income:</b> _____ (Last 6 Months) <b>Head of Household? Yes</b> _____ No _____ <b>Height:</b> _____ <b>Weight:</b> _____	<b>Offender Status:</b> _____ Pre-trial, Probation, Parole, Incarcerated, Completed all obligations <b>Supervision Location:</b> _____ <b>Address::</b> _____ <b>Caseworker/Probation Officer Name:</b> _____ <b>Phone Number:</b> _____
---	--	--

<b>Do You have Access to a Vehicle?</b> Yes ___ No ___ <b>Do You Have Access to Public Transportation?</b> Yes ___ No ___	<b>Employment Status:</b> _____ Employed, Underemployed, Unemployed, Not in Labor Force	<b>Date Released:</b> _____ <b>Discharge Date:</b> _____ <b>First Offense: Yes</b> _____ <b>No</b> _____
--	---	--

Offense Record Date	Arrest Charge	Conviction Charge	Sentence

<b>Have You been Department of Rehabilitative Services (DRS) Certified?</b> Yes ___ No ___ If Yes, Where? _____	<b>Drug or Alcohol Rehab?</b> Yes ___ No ___ If Yes, Where? _____ Name of Counselor: _____	<b>Are You Homeless?</b> Yes ___ No ___
---	--	--

<b>Do you have any serious illness or disability?</b> Yes ___ No ___ If Yes, Explain: _____	<b>Relatives, Friends or Work References Who May be of Assistance:</b> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 40%;">Address</th> <th style="width: 30%;">Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Address	Phone										<b>Do You Have a Valid Driver's License?</b> Yes ___ No ___
Name	Address	Phone												

<b>Education:</b> Highest Grade Completed: _____ High School Graduate: Yes ___ No ___ GED: Yes ___ No ___ College? Yes ___ No ___ College Graduate? Yes ___ No ___ Major Course of Study: _____ Military Training, if Applicable: _____	<b>Vocational Training? Yes ___ No ___</b>  <b>If Yes, Explain:</b> _____ _____ _____ _____ Be certain to list trades, skills, tools and equipment.
--	---

<b>Do You Desire Additional Basic Education or GED Preparation?</b> Yes ___ No ___  <b>If Yes, Explain:</b> _____  <b>Do You Desire Vocational or Skills Training?</b> Yes ___ No ___ <b>If Yes, Explain:</b> _____	<b>List Academic or Vocational Certificates Earned:</b>  • _____ • _____ • _____ • _____ • _____
--	--

<b>Are You or Have You Been a WIA (Workforce Investment Act) Participant? Yes ___ No ___</b>  <b>If Yes, Where?</b> _____  <b>Are You Registered with The Virginia Employment Commission (VEC)? Yes ___ No ___</b> <b>When Did You Register with VEC?</b> _____	<b>What Tools or Machinery Can You Operate?</b> _____ _____ _____ _____ _____ _____
--	--

**List All Your Job Skills:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer/Location	Job Title	Employment Dates	Hourly Wage	Job Responsibilities	Reason Left

<b>Are You or Have You Been a Union Member? Yes ___ No ___</b> <b>If Yes, Trade and Local Number:</b> _____	<b>Hours You Are Available for Work:</b> _____ <b>Will Consider Shift Work? Yes ___ No ___</b> <b>Other Time Constraints, if any:</b> _____ _____
--	--

<b>Type of Work Desired:</b> _____  <b>Desired Wage:</b> _____  <b>Lowest Acceptable Wage:</b> _____	<b>Please List Any Professional Certificates, Credentials and/or Licenses:</b>  • _____ • _____ • _____ • _____
--	--

<b>Who Referred You to STEP-UP?</b> _____	<b>Additional Information:</b> _____ _____
---	--

<b>CERTIFICATION &amp; RELEASE: To the best of my knowledge, the information on this registration form is an accurate Statement of my background and circumstances. I allow release of personal records for official purposes only, relative to</b>	<b>Applicant Signature:</b> _____ <b>Date Signed:</b> _____
---	---

**STEP-UP, Incorporated**  
**Client Registration Form**

**CONSENT FOR RELEASE OF INFORMATION**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME OF RECORD:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Skill Training Employment Placement-Upward Progress, Incorporated (STEP-UP, Incorporated) and its official representatives to release to prospective employers and/or organizations relative to employment or training information and disclosure of any medical, psychiatric, arrest/conviction, vocational or other pertinent information that might be utilized in determining any appropriate vocational goals and limitations during the job placement process.

This consent is subject to revocation at any time, except to the extent that written action has been taken in reliance thereon to STEP-UP, Incorporated. If this consent is not expressly revoked, it will expire in eighteen (18) month from the date executed.

**DATE SIGNED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE Signed:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

(Signature of parent, guardian, or legal representative for those under 18 or otherwise unable to sign. Specify Relationship.)

# STEP-UP, Incorporated

## Client Registration Form

---

### WELCOME TO OUR EMPLOYMENT & TRAINING PROGRAM

Let me tell you something about your **CIVIL RIGHTS UNDER FEDERAL LAW.**

Clients enrolled in STEP-UP, Incorporated will not be discriminated against because of race, color, creed, sex, national origin, handicap, political affiliation, or religious belief.

THIS MEANS: No services may be denied to you because of your race, color, or the country in which your parents were born. You may not be segregated or treated any differently from other enrollees because of your race, color, sex, or national origin while you are working or attending classes, and that you must be provided an equal chance to use all facilities available in our program.

If you feel that you have been denied any of these opportunities, you may write to the Executive Director at:

STEP-UP, Incorporated  
7510 Granby Street, Suite 203  
Norfolk, VA 23505

Sincerely,

*Sandra W. Brandt*

Sandra W. Brandt  
Executive Director

I have read and understand the above statement of civil rights under federal law.

Client Name Printed: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

