

CONNECTIONS - ONE STOP CAREER CENTER				Staff Use Only Verification Used	Staff Use Only <input type="checkbox"/> Smartware <input type="checkbox"/> CalJobs
Social Security Number				Staff Initials	
Last Name		First Name		Middle Initial	
Mailing Address		City	State	Zip	
Telephone		Message Number			
E Mail		How did you hear about us?			
Gender - Circle M / F	Date of Birth MM/DD/YY _____/_____/_____	Veteran - Circle Yes / No	Were you terminated or laid off? Circle one Yes / No		
I CERTIFY that the information herein has been provided voluntarily. I understand the principal purpose and routine use of this information is the creation of aggregated statistical records. Furthermore, I understand that this document does not provide entitlement to Connections - One Stop services. By signing, I agree to conduct myself in a professional manner and to use the Connections - One Stop for job related activities. I understand that, if I am over 18 years of age, information collected by the Connections - One Stop system may, when appropriate, be shared with partnering Connections - One Stop Agencies.					
_____ Signature			_____ Date		
Staff Use Only		Bar Code Issued CA460000_____			

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