



ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT

Client Registration Form

Please complete all sections!

Visit us at: www.jobs.state.ak.us

Print this form, fill it out, and fax it, mail it, or return it to your nearest Job Center.

Are you a U.S. Citizen or authorized to work in the U.S? Yes No*

* If you are not a citizen and do not have the authorization to work in the U.S., please do not complete this form and contact a Job Center Representative.

LOGIN INFORMATION

Please do not use any personal identification information as your user name (e.g. Social Security Number or Birth Date) this will be your permanent sign-on into the Alexsys system. Please make note of your User ID and password hint phrase for future reference as they are required in order to access your personal information.

User ID: (4 - 20 Characters)

Password*: "alaskaXXX" please provide a 3-digit number to be used in the creation of your temporary password.

()

* This is a temporary password. To ensure privacy, you will be asked to change your password upon initially signing onto Alexsys.

Your Residential Zip Code: Social Security Number:

CLIENT INFORMATION

First Name Middle Last (Including Suffix: Sr., Jr. etc.)

Residential Address Check if same as mailing address

Address Line 1:

City: State Zip

Phone Email Address:

Mailing Address - (If different from Residential Address)

Address Line 1:

City: State Zip

INDIVIDUAL PROFILE

The following information is being requested for statistical reporting and is kept confidential. If you would like additional information you can review our Privacy Statement.

Date of Birth: (mm/dd/yyyy) Gender: Female Male

Highest Level of Education (Grade) completed: Current School Status: In School Not in School

Do you have a Disability? Yes No

Current Work Status: F/T P/T Not working Never worked Are you looking for work? Yes No

Ethnic Origin

Are you Hispanic or Latino heritage? Yes No

Race - Please check all that apply

- White Black/African American American Indian/Alaska Native Asian Hawaiian/Other Pacific Islander Other

MILITARY SERVICE: Veterans may be entitled to additional State and Federal Benefits.

Are you a veteran? Yes No **If no, please proceed on to Employment Information section.**

The following information is only required if you have answered "YES" to "Are you a Veteran?"

Have you served in the military on active duty for 180 days, or received a Military Campaign Badge (i.e. Iraq Campaign Medal), or separated from the military due to a service connected disability prior to completing 180 days of service?

Yes No

Date entered Service: ____/____/____ (mm/dd/yyyy) Date discharged: ____/____/____ (mm/dd/yyyy)

Type of discharge: Honorable or other than dishonorable Dishonorable

Veteran Status: N/A Campaign Eligible Served in military, **DID NOT** receive Campaign Badge

Transitional Service Member? Yes No

I am a disabled Veteran: Yes, less than 30% Yes, more than 30% No

EMPLOYMENT INFORMATION

Company Name: _____ City: _____ State: _____

Job Title: _____ Salary: _____ per hr day week month

Start Date: _____ End Date: _____ Reason for Leaving: _____

Skills and duties related to your job: _____

- 1) Was at least half your earned income in the last 12 months from farm, orchard, ranch, plant and/or nursery work? Yes No
- 2) Was at least half your earned income in the last 12 months from meat processing, poultry processing, and/or fruit or vegetable processing NOT including wild seafood processing? Yes No
- 3) Did you travel beyond normal commuting distance from your permanent home to accept any work listed in questions above in the last 12 months? Yes No
- 4) Have you been terminated or laid off, or have you received a notice of termination or layoff from employment that you have held for at least six months (180 days) and have you been notified that you are eligible for Unemployment Insurance benefits or you have exhausted your Unemployment Insurance benefits and you are unlikely to return to the same type of job or a similar job in the same type of business? Yes No
- 5) Have you been terminated or laid off, or have you received a notice of termination or layoff from employment that you have held for less than six months (180 days) and have you been notified that you are NOT eligible for Unemployment Insurance benefits or you have exhausted your Unemployment Insurance benefits and you are unlikely to return to the same type of job or a similar job in the same type of business? Yes No
- 6) Have you been terminated or laid off, or have you received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise? Yes No
- 7) Are you a current employee of an employer who has made a general announcement that the plant, facility, or enterprise at which you are employed will close within 180 days? Yes No

Layoff Date ____/____/____

Jobs are Alaska's Future

The Alaska Department of Labor & Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.