

Customer Information Form - NYC Business Solutions Training
客戶資料表格 – 紐約市商業協助中心職業培訓

This Customer Information Form is confidential and registers you as a recipient of training funded in part by NYC Business Solutions Training.
 這份客戶資料表格完全保密並註冊您成為接受培訓的一員

Please print clearly in ink. Please be sure to SIGN AND DATE this form. 請使用墨水筆正楷填寫並在表格上簽名簽日期

Company Information
公司信息

Company Name 公司名稱: _____

Customer Information
客戶資料

Name 姓名: _____ **Social Security No.** 社會安全號碼 _____
Last 姓 First 名 Middle Initial 中間名 XXX - XX - XXXX

Gender 性別: Female 女 Male 男 **Date of Birth** 出生日期 _____ / _____ / _____
Month 月 / Day 日 / Year 年

Address 住所地址: _____ **Zip Code** 郵政編碼: _____
City 城市: _____ **State** 州: _____

Education Level
教育程度

Highest level of education completed 最高受教育程度:
 Less Than High School 低于高中 (Please indicate last grade level completed 級別 _____)
 GED
 High School 高中
 Some College 大學課程
 Associate's 專科
 Bachelor's 大學本科
 Master's 碩士
 Doctoral 博士

Are you currently enrolled in school 你是否正在校讀書? **Yes** 是 - If so, what level 如果是, 什麼級別?
 High School/GED 高中
 College/Vocational/Professional Degree 大學/職業學校/專業學位
 No 否

Military Service
兵役

Are you a Service Veteran 你是服役軍人嗎? **Yes** 是 **No** 否
Dates of Active Service 服役年份: Start 開始 _____ End 結束 _____
Are you a disabled veteran 你是殘障軍人嗎? **Yes** 是 **No** 否

Demographic Information (optional)
自然屬性 (可選擇填寫)

Ethnicity 種族: Hispanic/Latino/Latina 拉丁裔 Not Hispanic/Latino/Latina 非拉丁裔
Race 人種: Asian 亞裔
 White 白裔
 American Indian or Alaskan native 印迪安或阿拉斯加土著
 Black or African American 黑裔或非洲裔
 Native Hawaiian/Pacific Islander 夏威夷土著或太平洋島人
 Other 其它

I certify, to the best of my knowledge, I have provided true, accurate, and complete information on this form. I understand that the information I have supplied may be subject to verification and used for New York State and Federal reporting purposes. I also certify that I have received the Workforce Investment Act Notice of Rights and a Voter Registration form. I understand that registering to vote is voluntary and that I am not required to do so in order to obtain NYC Business Solutions Training Funds services. I hereby authorize my employer to release information about my employment to the New York State Department of Small Business Services and the New York State Department of Labor. Information may include but is not limited to: job title, wages, job start/end date, and number of hours worked/week. I understand that this information may be shared with other governmental agencies and their vendors and partners in the Workforce system for purposes of program management/administration.

我特此證明這份表格上的信息是根據我所知道的準確填寫的。我明白以上信息需要認證。任何錯誤或不完整的答復都會影響到我的紐約商業協助中心培訓基金和其他就業投資項目的申請資格。我特此證明我收到就業投資項目的權利告知以及選舉人註冊表格。我明白註冊選舉是自願的, 並不是為了得到紐約商業協助中心培訓基金項目的服務。我特此證明授權我的雇主向紐約市小商業服務局和紐約州勞工部提供我的職務信息, 包括職務頭銜, 工作開始或結束日期, 以及工作小時數。我明白以上信息也許會為了項目管理的需要而與其他政府機構, 和它們的代理及合作機構分享。

Signature 簽名 _____ **Date** 日期 _____ / _____ / _____

FOR OFFICE USE ONLY 办公室内部填寫

<input type="checkbox"/>	Verification of Birth Date 出生日期 證明	Notes 備注
<input type="checkbox"/>	Pending 證件等待中	
<input type="checkbox"/>	Birth Certificate 出生證明	
<input type="checkbox"/>	Driver's License 駕照	
<input type="checkbox"/>	Passport 護照	
<input type="checkbox"/>	School Records / Identification Card 學校記錄 / 學生證	
<input type="checkbox"/>	Federal, State or Local Government ID Card 聯邦,州或地區政府身份證	
<input type="checkbox"/>	Work Permit 工作許可證	
<input type="checkbox"/>	DD-214: U.S. Military Report of Transfer or Discharge 美國軍隊轉業或退伍報告	
<input type="checkbox"/>	Public Assistance / Social Services Records 公共協助 / 社會服務記錄	
<input type="checkbox"/>	Other 其它 _____	