## **OTR Registration Form**

Instructions: Applications should be submitted in person at Bureau of Employment, Skills Training & Youth Services, Central Public Library, 115 South Avenue, Rochester, NY 14604. If you have a resume or certifications please submit them at this time. Faxed applications will NOT be accepted. Program slots in OTR programs are limited and competitive. Not everyone that applies or participates in the intake process will be enrolled or hired. If you have any questions please call 585-428-6342.

For Office Use Only				
Attendance Date Received	%			
Staff Initials				

	Personal In	formation		
Last Name:	First Name:		Middle Name:	
Address:				
SEX: □ M □ F Birth Date:				
Email:	Phone #: (	)	MSG #: ()_	
Are you Hispanic? □ YES □ NO □ Native Hawaiian/pacific Island			ack Or African Americ	can 🖵 Asian
	Educa	ition		
Are you currently enrolled in sch What is the highest grade you co		☐ High School ☐	TASC □ College □ /	Advanced Degree
	Licenses/ Permits	s/ Certifications		
Do you have:  Valid drivers license ☐ YES ☐  Any infractions (violations) in th  * CPR certification ☐ YES ☐ N  * First aid certification ☐ YES  Other	ne last 18 months? I YES INO Exp. Date//	NO / /		
*please attach copies of these cert	ifications			
	Program S	selection		
Please indicate ( $\boldsymbol{X}$ ) your progr				
□ OTR Youth Employment Traini	_		of Opportunity (SOOP)	) Program
☐ OTR DREAM BIG2 Youth Leade ☐OTR Employment Readiness	rship	☐ OTR Fresh Star	t	
	Interests/ Ski	ills/Ahilities		
List Association Chilles				
List Any Special Skills: List AnyWork Interests:				
List Any Clubs, Sports Or Activiti				
List Any Certificates And Awards				
Do You Have Basic Computer Ski				
Can You Work Evenings?   Yes				
Can You Work Weekends?   Yes				
Do You Have Physical Restriction	ıs? □ Yes □ No If Yes, De	escribe (Can't Lift, (	Color-blind, Etc.):	
Can You Work Weekends?				

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**Employer Name** 

Job Title

## Work and Volunteer Experience

Please list your most recent work and or volunteer experience in the table below. List additional jobs on a separate sheet or attach a resume if you have one.

**Describe Duties** 

Reason for Leaving

Start/End Dates

□ Volunteer	□ Paid						
□ Volunteer	□ Paid						
□ Volunteer	□ Paid						
□ Volunteer	□ Paid						
☐ Volunteer	□ Paid						
Agreement							
Applicant:			J				
I have answered truthfully. If I have given any false information, I understand that I may be terminated from the program. Additionally, I agree to allow my recorded image or voice to be used for promotional materials, and understand that I will not be compensated should this occur. I understand that all applicants must participate in an intake process, which will include training, interview and an intake assessment to determine readiness for employment in the program. I must be dressed for an interview for all appointments and interactions with the program or job interview sites. As a participant in a City of Rochester program, I give authorization to the City to use photographs of myself for the program operation and promotion purposes. If I move or your telephone number changes, it is my responsibility to let the program office know. I understand that OTR Employment Training is not a job placement agency. There is no guarantee of employment.							
X Signature				Date			
Before Turning in Your Application Be Sure:  ☐ This application is filled out in ink ☐ This application is signed.							