

Customer Sign-In Sheet

Name of Access Point: _____ Date: _____

By signing below you will help this agency receive credit for helping you with your job search and various other services. Please be aware that:

- A copy of this page is sent to a local workforce investment area (Maricopa Workforce Connections or Phoenix Workforce Connection) to certify you were provided with job search assistance. Therefore the information entered below may also be shared with the U.S. Department of Labor or other involved governmental agencies.
- We are committed to providing job search assistance regardless of your age, gender, race, ethnicity, religious beliefs, income level or other prohibited criteria.
- Your participation in any activity offered, including this Sign-In Sheet, is entirely voluntary and will not affect the quality of services you receive.

By signing below I attest that I have read and understand the preceding statements and that I voluntarily request job search assistance at this Access Point.

Customer's Name (Please Print)	Signature	Zip Code	First visit here	Return visit here	Ever visited a One-Stop Career Center?		Purpose of Visit		If unemployed, how long?
					Yes	No	Job Search	Other (clothing, food box, workshop, etc.)	