

Customer Detail Elements for OSOS

as of 06/05/2000

Please Note: Required Elements are **BOLDED**
Conditionally Required Elements are *Italicized*

TAB (Entry Screen)	Data Element Name	Special Notes	Description/Definition
General Information	Social Security Number		customer's SSN
	OSOS ID	system generated	unique identifier
	Status	system generated	a description of the customer's status re: employment services
	Username		text
	Password		text
	Last Name		customer's last name
	First name		customer's first name
	Middle Initial		customer's middle initial
	Address (1)		customer's residential street address
	Address (2)		additional space for street address
	City		city name of customer's residence
	State		state name
	Metro		Is WIA classified as Metro or Non-Metro
	Zip Code		Zip code of customer's residential address
	County		county of customer's residence
	Country		country of customer's residence
	Phone		customer's primary phone number
	Alternate Phone		customer's alternate phone number if available
	Fax		customer's fax number if available
	e-mail		customer's e-mail address is available
	US Citizen		Yes or No, If NO, see below
	<i>Alien Registration #</i>	Required if not US Citizen	Z99999999
	<i>Alien Expiration Date</i>	Required if not US Citizen	mmddyyyy
Permanent Alien		Yes or No	
Ethnic Heritage		choice of white; black or african american; hispanic or latino; alaskan or american indian; asian; hawaiian or pacific islander; other	

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General Information	Maximum Education Level Attained		a code describing the highest level of education achieved by the customer
	WIA Education Level		the highest education level that the customer has attained, using WIA education codes
	In School		customer is currently in school
	Employed		customer is currently employed
	Weeks not Employed at Registration		at time of registration into the system, the number of weeks in the past 26 weeks that the customer has been unemployed
	Area Office		system generated drop down box
	Staff Assigned		system generated drop down box
	WIB Assigned		system generated drop down box
	Registered		date customer's record is created in OSOS
	Origin	system generated	how record was created -- system generated
	Internet Resume		Yes or No, does customer want resume to be viewable on the internet (America's Job Bank)
	UI Claimant	system generated	system generated
	Profiled	system generated	system generated
	Confidential		Yes or No, does customer want personal information to be viewable on the internet (America's Job Bank)
	Additional Information	Lower Living Standard	
Income 70% LLSIL			indicates that the customer has income 70% or less of LLSIL
Customer Disability Status			is customer disabled or not
Migrant/Seasonal worker			drop down box with classifications of migrant/seasonal worker categories
Adult Education		requires date eligible for program or assistance	does customer participant in or receive funds from any of these programs
Job Corps			

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TAB (Entry Screen)	Data Element Name	Special Notes	Description/Definition
Additional Information	Native American		
	Veteran's Workforce Investment		
	Trade (Re)-Adjustment Act (TAA)		
	NAFTA-TAA		
	Vocational Rehabilitation		
	Wagner-Peyser		
	Welfare (WtW)		
	Older Americans Title V		
	Employment & Training (Block Grant Act)		
	Employment & Training (HUD)		
	Dislocated Worker		
	Displace Homemaker		
	Other WIA Programs		
	Other non-WIA Programs		
	Migrant/Seasonal Worker Programs		
	TANF		
	TANF Exhaustee		
	GA-General Assistance (State/Local)		
	RCA-Refugee Cash Assistance		
	SSI-Supplimental Security Income	requires date eligible for program or assistance	does customer participant in or receive funds from any of these programs
	Food Stamps		
	Work Week		type of work desired, PT FT both
	Duration		length of assignment, Perm Temp etc.
	Salary		desired \$ amount
	Pay Unit		hour, day, week, annual, etc.
	Date Available		mmddyyyy
	Work any Shift		Yes or No
	First		Yes or No
	Second		Yes or No
	Third		Yes or No
	Split		Yes or No
	Rotating		Yes or No
	Contact by US Postal	choose as many as appropriate	Yes or No
Contact by Primary Phone	choose as many as appropriate	Yes or No	
Contact by Alternate Phone	choose as many as appropriate	Yes or No	
Contact by Fax	choose as many as appropriate	Yes or No	
Contact by e-mail		Yes or No	
Service Veteran		Yes or No	
Active Service	Visible only for Service Veterans	Yes or No	

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TAB (Entry Screen)	Data Element Name	Special Notes	Description/Definition
Additional Information	<i>Start Date</i>	Visible only for Service Veterans	mmyyyy
	<i>End Date</i>	Visible only for Service Veterans	mmyyyy
	Campaign Veteran	Visible only for Service Veterans	Yes or No
	Other Eligible	Visible only for Service Veterans	Yes or No
	In Country	Visible only for Service Veterans	Yes or No
	<i>Service Disability</i>	Visible only for Service Veterans	%age of disability at time of discharge
	Veteran Era	Visible only for Service Veterans	system generated
Objective	Employment Objective		free form text
	OCC Code Titles		drop down box
	Experience (month/years)		number of months and or number of years
	Desired Employers		drop down box of employers -- choices generated by system
	Radius of (in miles) Zip Code	or	choice of work location within radius of a specific zip code -- may choose up to 3 distance and 1 zip or 1 radius and 3 zips.
	State	or	choice of work location in a specific state -- may choose up to 3 states
	Country (outside USA)		choice of work location in a specific country outside the USA
Work History	Job Title	CAVEAT:	drop down box (OCC Code Titles)
	Employer (Company Name)	If customer has no work history, this section can be left blank.	free form text
	Address (1)		street address of employer
	Address (2)		additional employer street address if needed
	City		city where employer is located
	State		state where employer is located
	Country		country where employer is located
	Include Online		list this former position on resume, Yes or No
	Start Date		mmyyyy
	End Date		mmyyyy
	Supervisor		name of supervisor
Phone	supervisor's area code and phone number		

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Work History	Wage		\$ amount earned
	Unit		hourly, daily, weekly, monthly, etc.
	Hours/Week		number of hours worked each week
	Reason for Leaving Work		drop down box of choices
	Job Duties		free form text
	<i>Qualifying Dislocation Date</i>	if certain type of dislocated worker	mmyyyy
	<i>Occupation at Dislocation (OCC Titles)</i>	if certain type of dislocated worker	OCC Code Titles
	<i>SIC</i>	if certain type of dislocated worker	
	<i>NAICS</i>	if certain type of dislocated worker	
	<i>Tenure (months)</i>	if certain type of dislocated worker	number of months worked with this employer
Education/Licenses	Drivers License		Yes or No
	<i>Class</i>	if customer has a drivers license, otherwise not visible	drop down box of NYS classes
	State		drop down box of states
	Pass. Transport		Yes or No
	Hazardous Materials		Yes or No
	Tank Vehicle		Yes or No
	Motorcycle		Yes or No
	School Bus		Yes or No
	Doubles/Triples		Yes or No
	Tank Hazard		Yes or No
	Air Brakes		Yes or No
	<i>Certificate/License</i>	required if adding a certificate or license	free form text
	<i>Issuing Organization</i>	required if adding a certificate or license	free form text
	Issue Date		mmddyyyy
	State		drop down box of states
	<i>Country</i>	required if adding a certificate or license	drop down box of countries
	<i>Course of Study</i>	required if adding a school	free form text
	<i>Degree</i>	required if adding a school	free form text
	Date Completed		mmddyyyy
	<i>Issuing Institution</i>	required if adding a school	free form text
	State	required if adding a school	drop down box of states
	Country	required if adding a school	drop down box of countries

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TAB (Entry Screen)	Data Element Name	Special Notes	Description/Definition
Skills	Additional Skills Text		optional free form
	Honors & Activities		optional free form
	Notes		optional free form
Saved Searches	Saved Searches	system generated as requested by user	staff user builds with system
Service/Activities	Service/Activities	system generated as requested by user	staff user builds with system
Comments	Comments	system generated as requested by user	staff user builds with system
Tests	Test Type	CAVEAT:	drop down box
	Area Office	If customer has no test scores, this section can be left blank.	drop down box
	Test Date		mmddyyyy
	GATB Test Form	test specific required fields	
	GATB Raw Scores #1-12	test specific required fields	
	Other TESTS Raw Score	test specific required fields	
	Other TESTS Scale Score	test specific required fields	
	Other TESTS Grade Level Equivalent	test specific required fields	
	Typing Proficiency Estimated Speed	test specific required fields	
	Typing Proficiency Tested Speed	test specific required fields	
Typing Proficiency Tested Errors	test specific required fields		
Custom	Custom Templates	currently not available	available in future version