ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** | Massapequa Career Center |
| **Address 1:** | 977 Hicksville Road |
| **Address 2:** |       |
| **City:** | Massapequa |
| **State:** | NY | **Zip Code:** | 11763 |
| **Phone:** | 516 797-4566 | **E-Mail:** | gparaninfo@oysterbay-ny.gov |
| **Fax:** | 516 797-4589 | **Website:** | TheWP.org |
| **Site Type:** | [x]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** | No Lease |
| **Lease Holder:** | Town-owned building |

|  |  |
| --- | --- |
| **WIA Contact:** | Gail Paraninfo, Director of Employment and Training |
| **Phone:** | 516 797-4566 | **E-Mail:**  | gparaninfo@oysterbay-ny.gov |
| **NYSDOL Contact:** | Kevin Robbins, NYSDOL Regional Manager |
| **Phone:** | 516 934-8548 | **E-Mail:**  | Kevin.Robbins@labor.ny.gov |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** | 9 | 4:30 |
| **Tuesday** | 9 | 4:30 |
| **Wednesday** | 9 | 4:30 |
| **Thursday** | 9 | 4:30 |
| **Friday** | 9 | 4:30 |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** | Hicksville Career Center |
| **Address 1:** | 301 Old Country Road |
| **Address 2:** |       |
| **City:** | Hicksville |
| **State:** | NY | **Zip Code:** | 11801 |
| **Phone:** | 516 924-8532 | **E-Mail:** | Kevin.Robbins@labor.ny.gov |
| **Fax:** | 516-934-5692 | **Website:** | TheWP.org |
| **Site Type:** | [x]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** | none |
| **Lease Holder:** | NYSDOL |

|  |  |
| --- | --- |
| **WIA Contact:** | Gail Paraninfo, Director, Employment and Training |
| **Phone:** | 516 797-4566 | **E-Mail:**  | gparaninfo@oysterbay-ny.gov |
| **NYSDOL Contact:** | Kevin Robbins, NYSDOL Regional Manager |
| **Phone:** | 516 934-8548 | **E-Mail:**  | Kevin.Robbins@labor.ny.gov |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** | 8:30 | 4:30 |
| **Tuesday** | 8:30 | 4:30 |
| **Wednesday** | 8:30 | 4:30 |
| **Thursday** | 8:30 | 4:30 |
| **Friday** | 8:30 | 4:30 |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF ONE CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

ATTACHMENT H: LIST OF CAREER CENTERS

*Complete the following information for each Career Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.*

|  |  |
| --- | --- |
| **Career Center Name:** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       |
| **State:** | NY | **Zip Code:** |       |
| **Phone:** |       | **E-Mail:** |       |
| **Fax:** |       | **Website:** |       |
| **Site Type:** | [ ]  Full Service [ ]  Certified Affiliate |
| **Lease Expiration:** |       |
| **Lease Holder:** |       |

|  |  |
| --- | --- |
| **WIA Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |
| **NYSDOL Contact:** |       |
| **Phone:** |       | **E-Mail:**  |       |

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |