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:** | 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:** | 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:** |  | | | | |

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

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| --- | --- | --- |
|  | **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:** |  |

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| --- | --- | --- |
|  | **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:** |  |

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| --- | --- | --- |
|  | **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:** |  |

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| --- | --- | --- |
|  | **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** |  |  |