

**WIOA and Special Projects
APPLICATION FOR PROGRAM PARTICIPATION**



| APPLICANT INFORMATION | |
|--|---|
| Name: | Application Date: |
| Address: | County: <input type="checkbox"/> Alachua <input type="checkbox"/> Bradford |
| City, State: | Zip Code: |
| Phone: | Alternate Phone: |
| Date of Birth: | Email: |
| SSN: | Emergency Contact: |
| EFM Username: | Emergency Contact Phone: |
| DEMOGRAPHIC INFORMATION | |
| Race: <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |
| Are you Hispanic / Latino? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a citizen of the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, are you a lawful alien or refugee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you consider yourself to have a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FAMILY and INCOME INFORMATION | |
| Number of family members in household: _____ | Family Income (prior 6 months): \$ _____ |
| Number of children under age 18: _____ | |
| Do you have one or more dependent children under the age of 13? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have one or more dependent children over the age of 13 who has a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive (or have you received in the prior 6 months) any of the following assistance? (check all that apply) | |
| <input type="checkbox"/> SSI or SSDI <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SNAP (food stamps) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Reemployment (Unemployment) Assistance - If yes, how many weeks? _____ | |
| YOUTH BARRIERS (if you are between the ages of 16-24, check all that apply to you): | |
| <input type="checkbox"/> School Dropout <input type="checkbox"/> Disability <input type="checkbox"/> Pregnant or Parenting <input type="checkbox"/> Homeless / Runaway | <input type="checkbox"/> Foster Child <input type="checkbox"/> Convicted of misdemeanor or felony <input type="checkbox"/> Limited English (speaking or writing) <input type="checkbox"/> Drug / Alcohol Treatment |

CareerSource North Central Florida is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/ TDD equipment via the Florida Relay Service at 711. Programs funded by CareerSource NCFL as a grantee of the U.S. Department of Labor.

10 NW 6th St., Gainesville, FL 32601 | Phone 352.955.2245 | Fax 352.955.2332
 819 South Walnut St., Starke, FL 32091 | Phone 904.964.8092 | Fax 904.964.3969

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| EDUCATION INFORMATION | |
|---|--|
| Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed? _____ | Do/did you have an Individualized Education Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you do not have a HS Diploma, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Earned: _____ | Are you currently enrolled in an educational program? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Highest grade level achieved: <input type="checkbox"/> Less than High School (HS) <input type="checkbox"/> Associate's Degree <input type="checkbox"/> HS Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some college courses <input type="checkbox"/> Doctorate Degree Major(s): _____ | If currently enrolled in an educational program: Name of School: _____ Program of Study: _____ Anticipated Date of Completion: _____ |
| List any degrees and/or certifications achieved below: | Date of degree or certification achieved: |
| 1. | |
| 2. | |
| 3. | |
| EMPLOYMENT INFORMATION | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you working: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other: _____ | |
| If yes, job title: | Current hourly wage: |
| Were you laid-off from your last job or received notice of layoff from your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the reason for the layoff? _____ | |
| Name of company that laid off/terminated you: _____ Dislocated hourly rate: \$ _____ | |
| Have you been unemployed or underemployed 27 consecutive weeks or more? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I have work experience in the following industries: _____ | |
| EMPLOYMENT HISTORY (list two most recent positions; must upload current resume to EFM) | |
| Previous employer: | Previous employer: |
| Job Title: | Job Title: |
| Dates of Employment: / / to / / | Dates of Employment: / / to / / |
| Reason for leaving: | Reason for leaving: |
| Hourly wage: | Hourly wage: |

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| VETERAN STATUS | |
|--|---|
| Have you served in the U.S. Military? <input type="checkbox"/> Yes, eligible veteran <input type="checkbox"/> Yes, less than or equal to 180 days and was discharged under other than honorable conditions. <input type="checkbox"/> No | Are you the spouse of a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby certify, to the best of my knowledge, the above information is true. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state and local government and non-government agencies for tracking purposes. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for program reporting purposes. Data will be used for statistical purposes only.

X: _____
Applicant Signature

Date

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Family Size and Household Income Self-Attestation Form

Name: _____

Last four of SSN: _____

FAMILY SIZE

For use in completing this form the definition of FAMILY SIZE is:

- A husband, wife and dependent children
- A parent, guardian and dependent children
- A husband and wife

Total Family Size: _____

HOUSEHOLD INCOME

For use in completing this form include each of the following as INCOME earned:

- | | |
|------------------------------------|---|
| Wages and Salary Before Deductions | Insurance or Annuity Payments |
| Self-Employment | College or University Grants, Fellowship, and |
| Railroad Retirement Benefits | Assistantships |
| Alimony | Dividends, Interest, Rental Income |
| Military Family Allotments | Gambling or Lottery Winnings |
| Pensions | Paid internships |
| Other Sources (explain): | |

Applicant's Income: \$ _____

Household Income: \$ _____

I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the program, or prosecution under the law.

Participant Signature: _____

Date: _____

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Records Release Consent Form

Name: _____

Last four of SSN: _____

As a participant of CareerSource North Central Florida (CSNCFL) Career Centers, I hereby authorize the release of confidential information to the employees, representatives or agents of CSNCFL. The representatives of CSNCFL are authorized by me to obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions. This information may include, but is not limited to, educational records (such as testing scores, attendance information, etc.), public assistance records and income/employment information.

I hereby give consent for CSNCFL to engage in verbal, written, facsimile or computerized communication of information required to verify my eligibility for services, identify services or agencies to assist me, assess my qualifications to enter a CSNCFL program, monitor progress while participating in a CSNCFL program and to provide employment/educational recommendations and follow-up completion of training.

I hereby waive any and all rights and claims I may have to privacy regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the verification process and all other persons, corporations or organizations, be it Federal, State or Local, for furnishing such information about me.

I further understand that this release will be effective during the length of my participation, as well as for one (1) year following completion of the program(s) in order to assist staff with their follow-up procedures.

Participant Signature: _____

Date: _____

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Equal Opportunity is the Law Notice

It is against the law for this recipient of Federal financial assistance, CareerSource North Central Florida, to discriminate on the following bases against:

- ❖ Any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- ❖ Any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- ❖ Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- ❖ Providing opportunities in, or treating any person with regard to, such a program or activity; or
- ❖ Making employment decisions in the administration of, or in connection with, such a program or activity.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with any of the three agencies listed below:

| | | |
|---|--|--|
| CareerSource North Central Florida | Department of Economic Opportunity | U.S. Department of Labor |
| Meredith Montgomery, Equal Opportunity Officer CareerSource North Central Florida 10 NW 6 th Street Gainesville, FL 32601 | Veronica Owens, Equal Opportunity Officer Office for Civil Rights (OCR) Department of Economic Opportunity Caldwell Building – MSC 150 107 East Madison Street Tallahassee, FL 32399-4129 | The Director Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue NW Room N-4123 Washington, DC 20210 |

If you file your complaint with the Office of Civil Rights (OCR), you must wait either until OCR issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If OCR does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for OCR to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with OCR).

If OCR gives you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Participant Signature: _____

Date: _____

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Grievance and Complaint Form

As a participant of a CareerSource North Central Florida (CSNCFL) program, if you feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, marital status, disability, age, political affiliation or belief, beneficiaries only, or citizenship, you may file a complaint within 180 days of the alleged violation directly with any of the three agencies listed below:

| | | |
|--|---|--|
| CareerSource North Central Florida | Department of Economic Opportunity | U.S. Department of Labor |
| Meredith Montgomery, Equal Opportunity Officer CareerSource North Central Florida 10 NW 6 th Street Gainesville, FL 32601 | Veronica Owens, Equal Opportunity Officer Office for Civil Rights (OCR) Department of Economic Opportunity Caldwell Building – MSC 150 107 East Madison Street Tallahassee, FL 32399-4129 | The Director Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue NW Room N-4123 Washington, DC 20210 |

If you have a problem that arose in connection with the programs operated in your area, you should take the following steps: 1) Discuss the matter with the staff member directly. If the problem is not resolved to your satisfaction, ask to speak with their Supervisor. 2) If, after discussion with the Supervisor, the issue is still not resolved to your satisfaction, call 352.955.2245 and ask to be referred to the CSNCFL Project Director. 3) If the Project Director cannot resolve the issue, you will be given information about the process to file a formal grievance/complaint and to request a hearing on the issue. The filing of a grievance/complaint and request for hearing should be identified in writing and at the top of each page, e.g., REQUEST FOR HEARING. The grievance/complaint should not exceed five pages (not including exhibits and attachments) and should be sent to the CSNCFL Board of Directors' Administrative Entity by certified mail to: Focused Management Solutions, PO Box 13531, Gainesville, FL 32604.

Upon receipt of the grievance/complaint, you will be notified of the hearing date, and a decision will be issued within 60 days. An appeal may be filed at either the state or the federal level if a) the hearing or decision is not completed within 90 days; b) either party is dissatisfied with the decision; or c) if CSNCFL has been adversely affected by the decision.

As a participant enrolled with CareerSource North Central Florida, I certify that I have read the above statement and understand my rights and responsibilities as enumerated in the statement.

Participant Signature: _____ Date: _____

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Audio/Video/Print Release Form

CareerSource NCFL requests your permission to share your experiences while participating in or receiving a benefit from CareerSource NCFL programs. With your permission, there is a possibility that you may be photographed, videoed, have your voice recorded or comments printed for the purpose of promoting the program. Your signature below allows CareerSource NCFL, its agents, contracted service providers and their respective staff, the broadcast media or other persons authorized by CareerSource NCFL to photograph, videotape, audiotape or print your comments.

Your participation is voluntary and will take place during scheduled hours of a program, event or at a time that is convenient to you and the organization. Please sign below if you agree to participate. If you decide not to sign this form, you will not be photographed, videoed, have your voice recorded or your comments printed during a program or event. Your eligibility or participation in CareerSource NCFL programs will not be affected by your decision.

BY MY SIGNATURE below, I give my permission for CareerSource NCFL, its agents, contracted service providers and their respective staff, broadcast or print media to photograph, video record, audio record or print comments from me. I understand that I will not receive any form of compensation for the use of my picture, voice or comments. Any photographs, video and audio of me, or comments from me are and will remain the property of CareerSource NCFL.

I understand that I may revoke my permission at any time by notifying CareerSource NCFL in writing of my decision to do so.

Participant Signature: _____ Date: _____

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Participant Responsibilities

Name: _____ Last four of SSN: _____

_____ To ensure that CareerSource NCFL can provide effective services to all customers, it is very important that you maintain contact with your Staffing Specialist on a monthly basis, at minimum. If after 3 months of repeated failed attempts to contact you, it will be assumed that you are no longer interested in receiving services and you may be terminated from the program. **If termination results from loss of contact, you may be ineligible for re-enrollment.**

_____ Any changes in address, phone number, training plan, or employment status must be reported to your Staffing Specialist.

_____ Each customer will receive individualized services and be actively engaged in the development of an Individual Employment Plan (IEP). You will receive a copy of the IEP and be responsible for completing all tasks as outlined in the IEP to ensure success.

_____ During program participation, you must provide all documentation as requested by your Staffing Specialist to remain in good standing (e.g. school / internship schedule, grades, attendance records, employment information / verification, etc.).

_____ At program completion, you must provide all documentation necessary to ensure verification of outcomes resulting from your participation (e.g. employment verification such as a copy of a pay stub, school/licensure certifications, etc.).

_____ As part of the program requirements, you agree to participate in quarterly follow-up contact for up to one year after program completion.

_____ Knowingly providing false information at the time of application to gain admission or later to retain participant status may result in rejection of admission or termination from the program.

_____ Knowingly misusing CareerSource NCFL funds for any reason will result in immediate termination from the program.

_____ Each customer shall be informed of and provided with a copy of the grievance procedure, and has the right to file a complaint/grievance as granted by law to all applicants and participants.

I have read and fully understand my responsibilities as a participant in CareerSource NCFL programs. If for any reason, I am unable to comply with these requirements at any time, I will notify and discuss my concerns with my Staffing Specialist. Failure to do so will result in ineligibility for continued services and/or termination from the program.

Participant Signature: _____ Date: _____

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