



CareerSource Citrus Levy Marion - WIOA Services Application

Please Note: This information will be used only for the purposes of recordkeeping and reporting; determining eligibility, where appropriate, for WIOA Title I-financially assisted programs or activities; Providing demographic information is voluntary, this information will be used in accordance with the law and kept confidential as provided by law, refusal to provide the information will not subject applicant to any adverse treatment. Please answer all questions to the best of your ability.

APPLICANT INFORMATION

Name: _____ Last 4 digits of SS#: _____ Application date: _____

Physical address: _____ City, State, Zip: _____

Mailing address: _____ City, State, Zip: _____

County: _____ Email: _____

Phone: _____ Alternate phone: _____

DEMOGRAPHIC INFORMATION

Date of Birth: _____ Gender: ☐ Male ☐ Female Do you have a disability? ☐ Yes ☐ No

Citizenship: ☐ US Citizen ☐ US Permanent Resident ☐ Lawfully Admitted Alien or Refugee

Are you of Hispanic heritage? ☐ Yes ☐ No Are you of Haitian heritage? ☐ Yes ☐ No

Race: ☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Hawaiian/Other Pacific Islander ☐ White

Are you registered for the Selective Service? ☐ Yes ☐ No ☐ N/A

Are you a veteran? ☐ Yes ☐ No If yes, Branch: _____ Service Date: _____

EMPLOYMENT INFORMATION

Employment Status: ☐ Unemployed ☐ Employed ☐ Employed, but received notification of termination of employment

Job Search Status: ☐ Seeking full-time employment ☐ Seeking part-time employment ☐ Not seeking employment

Reemployment Assistance Status: ☐ Determination pending ☐ Receiving benefits ☐ Exhausted benefits ☐ N/A

Please list current or most recent job information:

Company name: _____ Job title: _____

Company address: _____ Hourly wage: _____

Dates of employment: from _____ to _____ ☐ Full-time ☐ Part-time ☐ PRN

List main job duties and skills: _____

Reason for leaving: _____

CareerSource Citrus Levy Marion is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 352-840-5700, ext. 7878 or e-mail accommodations@careersourceclm.com at least three business days in advance. Additionally, program information may be made available in Spanish upon request. A proud partner of the American Job Center Network.

EDUCATION INFORMATION

Educational Attainment: ☐ Less than high school, completed the _____ grade ☐ GED ☐ High School Diploma

List any degrees, certifications, and occupational licenses you have achieved below. Include major of study if applicable:

_____ Date completed _____

_____ Date completed _____

_____ Date completed _____

Are you currently enrolled in an educational program? ☐ Yes ☐ No If yes, complete the following questions:

At what school? _____ Program of study? _____ Next term start date? _____

HOUSEHOLD INCOME INFORMATION

* Include spouse if married; and all family members who you claim as a dependent on your tax return, or who claim you as a dependent *

	Full Name	Relationship	Age	Last 6 months of gross wages (before taxes and deductions)
Self		Self		
Spouse		Spouse		
Dependent				
Dependent				
Dependent				
Dependent				
Dependent				
Dependent				

Have you or a member of your family received any of the following assistance in the last 6 months?

Temporary Assistance for Needy Families (TANF):	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> Yes, a family member has	<input type="checkbox"/> No
Supplemental Security Income (SSI):	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> Yes, a family member has	<input type="checkbox"/> No
Income Based Public Assistance (General Assistance):	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> Yes, a family member has	<input type="checkbox"/> No
Supplemental Nutrition Assistance Program (SNAP):	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> Yes, a family member has	<input type="checkbox"/> No
Refugee Cash Assistance (RCA):	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> Yes, a family member has	<input type="checkbox"/> No
Social Security Disability Insurance Income (SSDI):	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> Yes, a family member has	<input type="checkbox"/> No

ADDITIONAL INFORMATION

Do you have limited English language skills in the areas of reading, writing, speaking, and understanding of the English language, and English is your second language? ☐ Yes ☐ No

Are you homeless? ☐ Yes ☐ No

Are you an ex-offender? ☐ Yes ☐ No

Are you a single parent? ☐ Yes ☐ No

Are you a migrant seasonal farmworker? ☐ Yes ☐ No

Do you have a valid Florida driver's license? ☐ Yes ☐ No

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ASSESSMENT INFORMATION

What do you see as your greatest strengths? Strengths are true about you that will likely help you find and keep a job.

For Example: "I can use Employ Florida" - "I have an up-to-date resume" - "I am a good communicator" - "I am patient"
"I have 15 years of experience as a bank teller" - "I have reliable transportation" - "I can use a computer"

Strength #1: _____ Strength #2: _____

Strength #3: _____ Strength #4: _____

What do you see as your greatest challenges? Challenges are things related to your job search situation that might limit or negatively impact your ability to find and keep a job. These are things CareerSource might help you resolve.

For Example: "I have not interviewed in 10 years" - "I don't have a resume" - "I don't have a High School Diploma/GED"
"I don't know how to use Employ Florida" - "I don't have reliable transportation" - "I don't have a computer"

Challenge #1: _____ Challenge #2: _____

Challenge #3: _____ Challenge #4: _____

What specific job-related skills do you possess that will help you find and keep a job? A skill is the ability to do something well. It might be something that an employer would want to see in a good employee.

For Example: "Communication Skills" - "Leadership Skills" - "Computer Skills" - "Team Working Skills" - "Typing Skills"
"Time Management Skills" - "Organizing Skills" - "Creative Thinking Skills"

Skill #1: _____ Skill #2: _____

Skill #3: _____ Skill #4: _____

TRAINING INFORMATION

What educational/training program are you seeking assistance with? _____

At which training provider/institution? _____

Are you already registered/accepted into this program? _____ Estimated program cost: \$ _____

Program start date: _____ Program end date: _____

Why are you interested in pursuing a career in the educational/training program you have selected?

Are you receiving FAFSA/Pell federal financial aid assistance? Please explain in detail and provide Pell Grant award amounts or reason for denial. If the course is less than 600 clock hours, it is not eligible for Pell Grant funding.

List any additional information that you feel would be helpful for us to know about your training plans or needs:

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Release of Information/Attestation

Name: _____ Date of Birth: _____ Social Security Number (Last 4): _____

Address: _____ City, State, Zip: _____

RELEASE OF INFORMATION

I hereby authorize all partners in the Citrus Levy Marion Regional Workforce Development Board's, dba CareerSource Citrus Levy Marion, system to engage in verbal, written, facsimile, or computerized communication of information and educational records for the purpose of effective case management, making me eligible for services, or for identifying services or agencies to assist me. All pertinent records and information can be released including those regarding past, present, or future information or records that may be needed for eligibility determination, monitoring or follow-up purposes. It is my understanding that any information obtained by any partner in the CareerSource Citrus Levy Marion's system will be held in strict confidence. I am aware that any information will be used in my best interest to provide ease of access to services; that providing the information is voluntary; that the information will be kept confidential and used only in accordance with law; and that refusal to provide the information will not subject me to any adverse treatment. By signing this form, I give express permission to register my information in the State management information system for activity and assistance tracking and monitoring.

ATTESTATION

I hereby certify, to the best of my knowledge, the information provided is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in CareerSource programs and could be cause for legal action. 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 or non-government job training agencies for performance tracking purposes.

DISCRIMINATION PROCEDURES

If you, as a CareerSource customer, feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, marital status, political affiliation or belief, citizenship or disability, you may file a discrimination complaint with CareerSource Citrus Levy Marion's Equal Opportunity Officer (contact information listed below) or directly to the following agencies: Florida Department of Commerce (DOC), Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399; US Department of Labor Civil Rights Center, 200 Constitution Ave NW, Room N-4123, Washington DC 20210, within 180 days of the alleged occurrence; Equal Employment Opportunity Commission, Miami District Office, One Biscayne Tower Suite 2700, 2 South Biscayne Blvd, Miami FL 33131 within 300 days of alleged offense; FL Commission on Human Relations, 4075 Esplanade Way Room 110, Tallahassee FL 32399 within 365 days of alleged offense.

GRIEVANCE/COMPLAINT PROCEDURES

If you feel you have been adversely affected by a decision or action made by CareerSource Citrus Levy Marion personnel and have discussed the matter with the Center Manager or Dale French, Executive Vice President, CareerSource Citrus Levy Marion, at (352) 873-7939, ext. 2204, you have the right to file a written grievance/complaint to CareerSource Citrus Levy Marion's Equal Opportunity Officer (contact information listed below) or directly to DOC (see contact information above). Information on filing a grievance/complaint can be obtained from the CareerSource Citrus Levy Marion's Equal Opportunity Officer. After the opportunity for a hearing with the local office (within 60 days after formal filing), if you are dissatisfied, you may appeal to the Department of Commerce, Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399. Local EEO: Iris Pozo, 2703 NE 14th Street, Ocala FL 34470, 352-873-7939 ext. 1286, e-mail ipozo@careersourceclm.com.

I certify that I have received a copy of this form and a copy of DOC OCR notice "Equal Opportunity is the Law"; and that I have read and understand my rights and responsibilities as enumerated in both. I also understand that both this form and the DOC notice will be made a part of my customer file maintained by CareerSource Citrus Levy Marion.

Applicant's Signature

Date

I verify that the above signed participant read or had read to him/her, and received a copy of this form and DOC OCR notice enumerating Grievance/Complaint /Discrimination Procedures, Release of Information, and their rights and responsibilities.

Signature of Verifying Official

Date

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