



CareerSource Citrus Levy Marion 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 SSN: _____ 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

Registered for the Selective Service? Yes No N/A

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

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 Benefit Status:

Applied, determination pending Eligible claimant, receiving benefits Benefits exhausted 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

List main job duties and skills: _____

Reason for leaving: _____

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, at what educational institution? _____ Program of study? _____

INCOME INFORMATION

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): Yes, I have Yes, a family member has No
Supplemental Security Income (SSI): Yes, I have Yes, a family member has No
Income Based Public Assistance (General Assistance): Yes, I have Yes, a family member has No
Supplemental Nutrition Assistance Program (SNAP): Yes, I have Yes, a family member has No
Refugee Cash Assistance (RCA): Yes, I have Yes, a family member has No
Social Security Disability Insurance Income (SSDI): Yes, I have Yes, a family member has No

Do you have limited English language skills in the areas of Reading, Writing, Speaking, and understanding of the English language and, is English a second language? Yes No

Are you basic skills deficient? 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

Number of family members in household (include self, spouse, and dependent children): _____

Annual family income from earned wages before deductions: \$ _____

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.

ASSESSMENT INFORMATION

1. What is your specific short-term occupational career goal/interest? _____
2. What is your specific long-term occupational career goal/interest? _____
3. What is the minimum wage you feel you need to earn to be self-sufficient? \$ _____
4. What do you see as your greatest strengths? Strengths are things that 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 experience as a bank teller" - "I have reliable transportation" - "I can use a computer"

Strength #1: _____ Strength #2: _____

Strength #3: _____ Strength #4: _____

Strength #5: _____ Strength #6: _____

5. 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: _____

Challenge #5: _____ Challenge #6: _____

6. 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: _____

Skill #5: _____ Skill #6: _____

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 Citrus Levy Marion 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.

 Applicant's Signature

 Date



RELEASE OF INFORMATION / ATTESTATION FORM

Name: _____ Date of Birth: _____ Last 4 of SSN: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Other: _____ Prior Names: _____

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 for the purpose of 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.

DISCRIMINATION PROCEDURES

If you, as a CareerSource Citrus Levy Marion 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: Department of Economic Opportunity (DEO), 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 Kathleen Woodring, Chief Operating Officer, CareerSource Citrus Levy Marion, at (352) 873-7939, ext. 1202, 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 the DEO (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 Economic Opportunity, Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399. Local EOO: Iris Pozo, 3003 SW College Road Ste. 205, Ocala, FL 34474, (352) 873-7939, ext. 1286 ipozo@careersourceclm.com

I certify that I have received a copy of this form and a copy of DEO 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 DEO 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 DEO OCR notice enumerating Grievance/Complaint /Discrimination Procedures, Release of Information, and their rights and responsibilities.

Signature of Verifying Official

Date

**PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TRAINING SERVICES**

Additional information about WIOA can be found under the *Specialty Programs* tab on our website at
www.careersourceclm.com

1. What educational/training program are you seeking assistance with? _____
2. At which educational/training institution? _____
3. Are you already registered/accepted into this program? _____
4. Start date of program: _____ End date of program: _____
5. Why are you interested in this particular educational/training program? _____

6. Estimated cost of program: \$ _____
7. Have you applied for or are you receiving FAFSA/Pell financial aid assistance? **Please explain in detail.**
For example, list award amounts with corresponding semesters, reason for denial, course is not eligible for federal financial aid, haven't applied yet, applied and pending official determination, etc. Courses that are 600 clock hours or more are FAFSA/Pell eligible and a free application for federal student aid must be completed at www.fafsa.ed.gov.

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

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