



## 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: \$ \_\_\_\_\_

**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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ 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.

## 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: 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, Executive Vice President, 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 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, e-mail [ipozo@careersourceclm.com](mailto: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 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

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](mailto: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.

**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](http://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](http://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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