



WIOA Adult Basic Career Services

Applicant Profile: Adult

APPLICANT DETAILS

Last Name:	First:	Middle I:	Phone:	Social Security #:
Address:			City:	State:
			Zip:	

DEMOGRAPHIC INFORMATION

U.S. Citizenship: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Lawfully admitted alien with right to work If Alien/Refugee, provide: Alien Registration Number - <input style="width: 150px;" type="text"/> Expiration Date - <input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> Date of Birth: ____/____/____ Age: ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Do not wish to answer Ethnicity: <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Haitian Heritage <input type="checkbox"/> Not Applicable	Are you an Ex-Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive <input type="checkbox"/> Do not wish to answer <input type="checkbox"/> No disability
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GENERAL INFORMATION

VETERAN STATUS: Have you served in the U.S. Military? Yes, under 180 days Yes, over 180 days No *If a Veteran, please provide your DD214.*

Are you a campaign veteran? Yes No **Branch:** Army Navy Air Force Marines Coast Guard National Guard

Honorable Discharge? Yes No **Are you a disabled Veteran?** Yes No Yes, classified at Special Disability (>30%)

Are you a recently separated veteran (within the last 48 months)? Yes No **Are you a homeless Veteran?** Yes No

SELECTIVE SERVICE: (for males 18yrs or older) Registered Not registered (**Please complete below**) Not applicable

Notice of Waiver: If you did not register with Selective service prior to your 26th Birthday, please check one of the following responses:
 Yes, I did knowingly or willfully fail to register and attest to such. No, I did not knowingly or willfully fail to register and attest to such.

Currently enrolled in school? Yes No **Highest School Grade Level Completed (0-12):** ____

Highest Education Completed: GED HS Diploma IEP ≥ 1 Year Post-Secondary Voc. Cert AS/AA BS/BA Beyond Bachelor's None

Number in family? ____ (Include self, spouse if married, and any dependent children under 18.) **Do you receive food stamps (SNAP)?** Yes No

Marital Status: Married Single Widowed **Are you Homeless?** Yes No **Current annualized family income? \$**

Do you receive Supplemental Security Income (SSI)? Yes No **If yes, Type of SSI Recipient:** Applicant Family Member Unknown

Single parent? (includes single pregnant women) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer Individual facing substantial cultural barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer Do you have low levels of literacy or are you basic skills deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No Within 2 years of exhausting TANF lifetime eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Hawaiian Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an English language learner? <input type="checkbox"/> Yes <input type="checkbox"/> No Farmworker Status: <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> A dependent of a seasonal or migrant seasonal farmworker <input type="checkbox"/> N/A
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EMPLOYMENT INFORMATION: Are you currently employed?: Yes No *If yes, what is your current hourly wage rate? \$* _____

RA/UC Referred By: WPRS(Wagner-Peyser Reemployment Services) RESEA Not Applicable

Unemployed for 27 or more consecutive weeks? (Long Term Unemployed) Yes No

TANF: Currently receiving or I am a member of a family who is receiving. Specify family member's name: _____

Supplemental Security Income: Specify family member's name: _____

Substantial Disability/Family of One: I have a substantial disability that limits one or more of my major life activities. My disability is: _____
 Even with this disability, I can perform the duties of the job for which I am seeking training assistance. My family income is over WIOA guidelines; however my own income meets eligibility guidelines.

Participant: I certify, by my signature below, that to the best of my knowledge, the information on this Applicant Statement form as well as all other documents provided as part of my application to CareerSource Tampa Bay or CareerSource Pinellas is true and accurate. I further understand and agree that the above information, if misrepresented or incomplete, may be grounds for termination from the program and/or penalty as specified by law. Information is being provided to establish eligibility for services under the Workforce Innovation and Opportunity Act and is subject to all applicable Federal and State confidentiality laws; the information provided shall be maintained in a manner that allows the individuals from whom the data was collected to be identified, and ensures applicant confidentiality.

WIOA Applicant Signature: _____ **Date:** ____/____/____

CareerSource Staff Signature: _____ **Date:** ____/____/____



Grievance/Complaint and Whistleblower Process for Adult Basic Career Services

CareerSource Pinellas and CareerSource Tampa Bay strive to provide excellent customer service to all program customers. If you feel you have been treated unfairly at any time during your association with CareerSource Tampa Bay, the following is the local procedure for filing a complaint.

1. I will first discuss any concern with my CareerSource Pinellas or CareerSource Tampa Bay staff member for resolution.
2. If my situation is not resolved to my satisfaction, I may ask to be referred to the CareerSource Pinellas or CareerSource Tampa Bay Program Lead or Coordinator, who will assist me in resolving my situation.
3. If the CareerSource Pinellas or CareerSource Tampa Bay Program Lead or Coordinator is unable to resolve my concern to my satisfaction, I may ask the Director of Programs to review my case and assist me in resolving my situation.
4. If the CareerSource Pinellas or CareerSource Tampa Bay Director of Programs is unable to resolve my concern to my satisfaction, I may complete a formal grievance form or a letter of grievance and mail or hand deliver it to the attention of the CareerSource Pinellas and CareerSource Tampa Bay EEO Officer, 4902 Eisenhower Blvd., Suite 250, Tampa, FL 33634, for investigation.
5. If I disagree with the decision of CareerSource Pinellas or CareerSource Tampa Bay or if a written decision is not provided to me within 60 days of filing my complaint, I may file an appeal with the State Department of Economic Opportunity's Office of Civil Rights (see address and phone number below) or to the USDOL. Appeals should be filed within 30 calendar days.
6. If I reasonably believe that some policy, practice, or activity of CareerSource Tampa Bay is in violation of law (employment law, health and safety laws, criminal fraud and abuse, etc.), I may file a written complaint with the President and CEO of CareerSource Pinellas and CareerSource Tampa Bay, 4902 Eisenhower Blvd., Suite 250, Tampa, FL 33634. The President and CEO shall determine what action should be taken.
7. I understand that I am protected from retaliation for any complaint that I raise concerning any alleged unlawful activity, policy, or practice only if I bring it to the attention of the President and CEO of CareerSource Pinellas and CareerSource Tampa Bay and provide a reasonable opportunity for the President and CEO to take appropriate action to correct the alleged unlawful activity.

EQUAL OPPORTUNITY IS THE LAW

I understand that CareerSource Tampa Bay is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, gender identity, gender expression, sex stereotyping, political affiliation, belief, or citizenship/status as a lawfully admitted immigrant authorized to work in the US. CareerSource must not discriminate in 1) deciding who will be admitted, or have access to, any financially assisted program or activity administered by CareerSource Pinellas or CareerSource Tampa Bay; 2) providing opportunities in, or treating any person with regard to, such a program or activity; or 3) making employment decisions in the administration of, or in connection with, such a program or activity. If you think that you have been subjected to discrimination under a Workforce program or activity, you may file a complaint within 180 days from the date of the alleged violation with the local CareerSource Pinellas and CareerSource Tampa Bay EEO Officer or one of the following offices:

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| 1) Veronica Owens, Equal Opportunity Officer
Office of Civil Rights
Department of Economic Opportunity (DEO)
107 East Madison Street, Caldwell Building, MSC 150
Tallahassee, Florida 32399-2250
Phone: (850) 921-3205
TTY via the Florida Relay Service: 711 | OR | 2) Director, Civil Rights Center
ATTN: Office of External Enforcement
U.S. Department of Labor
200 Constitution Ave N, Rm N-4123
Washington, DC 20210 |
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By my signature below, I acknowledge that I have read this entire form. I also understand that if I have a question about this form or any worker rights under Federal Law I may contact the CareerSource Pinellas or CareerSource Tampa Bay EEO Officer at (813) 397-2033.

Customer Signature: _____ Date: ____/____/____

Parental Signature: _____ Date: ____/____/____
(Required if customer is under 18 years of age)

Name:		SSN:	XXX - XX -
Email:		Phone:	() -

To participate in the TechHire program you must meet specific eligibility requirement:

<p>1. Do you reside in the Tampa Bay area? If yes, what county do you reside in? <input type="checkbox"/> Hernando <input type="checkbox"/> Hillsborough <input type="checkbox"/> Manatee <input type="checkbox"/> Pasco <input type="checkbox"/> Pinellas <input type="checkbox"/> Polk <input type="checkbox"/> Sarasota NOTE: TechHire training locations are in Hillsborough and Pinellas counties.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Are you between the ages of 17-29 years old? Date of birth: ____/____/____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Are you a U.S. Citizen or hold current authorization to work in the U.S.? To participate in this program you must be a U.S. Citizen or hold current authorization to work in the U.S.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Do you have a High School Diploma or GED?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. Are you currently unemployed? Defined as an individual who is without a job and who wants and is available to work.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>6. Are you currently underemployed? This is defined as an individual who has lost their job but has not yet reconnected with a full-time job commensurate with the individual's level of education, skills, and wage or salary earned before the individual's loss of permanent employment, or who has obtained only episodic, short-term, or part-time employment.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>7. Please select any barriers that apply to your obtainment of full-time employment in a middle- or high-skill position. <input type="checkbox"/> Lacking educational attainment needed to secure full-time employment <input type="checkbox"/> Lacking work experience needed to secure full-time employment <input type="checkbox"/> Lacking the skill level necessary to secure full-time employment <input type="checkbox"/> None of the above</p>		
<p>8. Select the program you are interested in: <input type="checkbox"/> Information Technology – various programs to be discussed with CSTB staff <input type="checkbox"/> Phlebotomy <input type="checkbox"/> N/A</p>		

Applicant Signature: _____

Date: ____/____/____

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