



# WIOA Adult Basic Career Services

## Applicant Profile: Dislocated Worker

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

DEMOGRAPHIC INFORMATION		
<b>U.S. Citizenship:</b> <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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<b>Race: (Check all that apply)</b> <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 <b>Ethnicity:</b> <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Haitian Heritage <input type="checkbox"/> Not Applicable	<b>Are you an Ex-Offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disability:</b> <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
Date of Birth: ____/____/____	Age: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

GENERAL INFORMATION	
<b>VETERAN STATUS: Have you served in the U.S. Military?</b> <input type="checkbox"/> Yes, under 180 days <input type="checkbox"/> Yes, over 180 days <input type="checkbox"/> No <i>If a Veteran, please provide your DD214.</i> <b>Are you a campaign veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch:</b> <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <b>Honorable Discharge?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you a disabled Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, classified at Special Disability (>30%) <b>Are you a recently separated veteran (within the last 48 months)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you a homeless Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SELECTIVE SERVICE: (for males 18yrs or older)</b> <input type="checkbox"/> Registered <input type="checkbox"/> Not registered <b>(Please complete below)</b> <input type="checkbox"/> Not applicable <b>Notice of Waiver:</b> If you did not register with Selective service prior to your 26 <sup>th</sup> Birthday, please check one of the following responses: <input type="checkbox"/> Yes, I did knowingly or willfully fail to register and attest to such. <input type="checkbox"/> No, I did not knowingly or willfully fail to register and attest to such.	

<b>Currently enrolled in school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Highest Education Completed:</b> <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> IEP <input type="checkbox"/> ≥ 1 Year Post-Secondary <input type="checkbox"/> Voc. Cert <input type="checkbox"/> AS/AA <input type="checkbox"/> BS/BA <input type="checkbox"/> Beyond Bachelor's <input type="checkbox"/> None	<b>Highest School Grade Level Completed (0-12):</b> _____
<b>Number in family?</b> _____ (Include self, spouse if married, and any dependent children under 18.) <b>Do you receive food stamps (SNAP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <b>Are you Homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Current annualized family income? \$</b> <input style="width: 100px;" type="text"/>	
<b>Do you receive Supplemental Security Income (SSI)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Type of SSI Recipient:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Unknown	
<b>Single parent? (includes single pregnant women)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer <b>Individual facing substantial cultural barriers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer <b>Do you have low levels of literacy or are you basic skills deficient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Within 2 years of exhausting TANF lifetime eligibility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hawaiian Native?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you an English language learner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Farmworker Status:</b> <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

<b>EMPLOYMENT INFORMATION: Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is your current hourly wage? \$</i> _____	
<b>Are you currently laid-off from your last job or receiving Reemployment Assistance (RA/UC)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete Dislocated Worker Questionnaire below.</i>	

DISLOCATED WORKER QUESTIONNAIRE	
<b>Verification of your lay off (to include date of layoff):</b> (please fill in completely) Employer of Lay Off: _____ Hire Date: ____/____/____ Employer Address: _____ Lay-Off Date: ____/____/____ Employer Phone: _____ Last/Current Job Title: _____ Last/Current Hourly Wage at Layoff: \$ _____ <b>Tenure(number of months) with Employer of Separation:</b> _____	
<b>RA/UC Referred By:</b> <input type="checkbox"/> WPRS(Wagner-Peyser Reemployment Services) <input type="checkbox"/> RESEA <input type="checkbox"/> Not Applicable <b>Unemployed for 27 or more consecutive weeks? (Long Term Unemployed)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Verification of your eligibility for, receipt of or exhausting unemployment benefits:</b> Are you currently receiving Reemployment Assistance (RA/UC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Last Payment ____/____/____ Are you currently eligible but have not started to receive? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you exhausted your Reemployment Assistance (RA/UC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Last Payment ____/____/____ Have you been able to find employment with current skills? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Unsuccessful Job Searches in the past 6 months: _____ Have you worked or earned wages since exhausting your Reemployment Assistance (RA/UC)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following: Employer Name: _____ Hourly Wage: \$ _____	
<input type="checkbox"/> <b>Military Spouse:</b> I am a spouse of (check one) <input type="checkbox"/> A current member of the military and have had to leave my previous employment in _____ (City/ State) to follow my spouse due to a change in my spouse's place of military assignment; or <input type="checkbox"/> An individual who was discharged from the armed forces under honorable conditions and who did not retire from the military. <input type="checkbox"/> <b>Displaced Homemaker:</b> I have been providing unpaid services to family members in the home and have been dependent on the income of another family member, but no longer supported by that income; and am unemployed or underemployed and am experiencing difficulty obtaining or upgrading employment.	

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

WCR17-102 Rev. 06/30/17

CareerSource Tampa Bay and CareerSource Pinellas are equal opportunity employers/programs. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. A proud partner of the American Job Center network.



## 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:

- |   |    |   |
|---|----|---|
| 1) Veronica Owens, Equal Opportunity Officer<br>Office of Civil Rights<br>Department of Economic Opportunity (DEO)<br>107 East Madison Street, Caldwell Building, MSC 150<br>Tallahassee, Florida 32399-2250<br>Phone: (850) 921-3205<br>TTY via the Florida Relay Service: 711 | OR | 2) Director, Civil Rights Center<br>ATTN: Office of External Enforcement<br>U.S. Department of Labor<br>200 Constitution Ave N, Rm N-4123<br>Washington, DC 20210 |
|---|----|---|

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)*



# USDOL TechHire Grant Program

<b>Name:</b>		<b>SSN:</b>	XXX - XX -
<b>Email:</b>		<b>Phone:</b>	( ) -

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

<p><b>1. Do you reside in the Tampa Bay area?</b>  <b>If yes, what county do you reside in?</b>  <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><b>2. Are you between the ages of 17-29 years old?</b>  Date of birth: ____/____/____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>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.</b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>4. Do you have a High School Diploma or GED?</b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>5. Are you currently unemployed? Defined as an individual who is without a job and who wants and is available to work.</b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>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.</b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>7. Please select any barriers that apply to your obtainment of full-time employment in a middle- or high-skill position.</b>  <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><b>8. Select the program you are interested in:</b>  <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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