

CareerSource Okaloosa Walton Application for Services



Participant must provide Driver's License and signed Social Security Card

Contact Information

Social Security # _____ - _____ - _____ E-mail _____

Name _____
First Middle Initial Last

Maiden name (if applicable) _____

Primary Phone () _____ home work cell relative/name _____

Alternate Phone () _____ home work cell relative/name _____

Permanent Address _____
Street Address City State Zip Code County

Mailing address _____
(If different) Street Address or P.O. Box City State Zip Code County

Demographic Information

Date of Birth ____ / ____ / ____ Gender Female Male

Have you registered for selective service (applies to males born after 12/31/1959)?

Yes No Not Applicable

Citizenship **Must provide documentation of status if not a Citizen of US or US Territory**

Citizen of U.S. or U.S. Territory U.S. Permanent Resident Lawfully Admitted Alien or Refugee

Do you consider yourself to be of Hispanic Heritage? Yes No

Do you consider yourself to be of Haitian Heritage? Yes No

Ethnicity/Race (select one or more)

African American / Black American Indian / Alaskan Native Asian
 Hawaiian / Other Pacific Islander White I do not wish to answer

Do you consider yourself to have a disability? Yes No Do not wish to disclose

If yes, please answer the below questions & provide verification of disability:

Select a disability category: Physical/Chronic Health Condition Physical/Mobility Impairment
 Mental or Psychiatric Disability Vision-related disability Hearing-related disability
 Learning Disability Cognitive/Intellectual disability Do not wish to disclose No disability

Received services from a State Development Disabilities Agency (SSDA)? Yes No

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Received services from a State or Local Mental Health Agency (LSMHA)? Yes No

Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) Waiver? Yes No

Disability Work Setting: Competitive Integrated Employment Individual Supported Employment
 Group Supported Employment Sheltered workshop Combination of two or more settings
 Not employed Not Applicable

Type of Customized Employment Services Received: Discovery assessment services
 Developed a customized employment search plan Employer negotiation services
 Secured employment as a result of receiving customized employment services and received extended support services No CES services

Received Disability Financial Capability: Benefit planning services Financial capability/asset development services Benefit planning services and financial capability/asset development services
 No

Section 504 Plan? Yes No

Received Services from Vocational Rehabilitation? Yes No

Are you a spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability?
 Yes No

Veterans Information

Veterans must provide a DD 214, Member 4 version

Priority of Service means the right of eligible veterans and covered persons to take precedence over eligible non-covered persons for the receipt of employment, training, and placement services provided under new or existing qualified job training programs, furthermore; the eligible veterans or covered persons shall receive access to the service or resources earlier in time than the noncovered person.

Are you a Transitioning Service Member? (An individual in active duty status (including separation leave) who registers for employment services and is within 24 months of retirement or 12 months of discharge)
 Yes No

If yes, what is your estimated discharge date ____ / ____ / ____

Have you served in the U.S. Military? Yes No

Did you serve 180 days or more?

Yes

No

Did you receive an honorable discharge?

Yes

No

Branch of Service _____

Military service entry date ____ / ____ / ____ Discharge date ____ / ____ / ____

Have you served more than one tour of duty? Yes No

If yes, Second Military service entry date ____ / ____ / ____

Second Discharge date ____ / ____ / ____

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Campaign Veteran (a veteran who served on active duty during a war or in a campaign for which a campaign badge has been authorized) Yes No

Are you a Disabled Veteran? Yes No

If yes, is your disability rating greater than 30%? Yes No

Recently separated (within last 48 months)? Yes No

Have you attended a Transition Assistance Program (TAP) workshop in the last 3 years? Yes No

Are you a Homeless Veteran? Yes No

Have you received services from Veterans Vocational Rehabilitation? Yes No

Employment Information

Employment Status? Employed Not Employed

Employed Participants

Employer _____

Employer Street Address _____

City _____ State _____ Zip _____

Job Title: _____ Hourly Wage: _____

Hours work per week: _____ Green Job (Environmental)? Yes No

Employment Start Date: ____ / ____ / ____

Do you receive benefits? Yes No

Covered by Unemployment? Yes No

Supervisor's Name _____ Supervisor's Phone Number (____) _____

Are you receiving unemployment compensation?

Claimant

Exhaustee

Neither Claimant nor Exhaustee

If claimant:

UI Referred By Status: WPRS REA RESEA not applicable

Have you been exempted from work search? Yes No

If yes, what is the date you were exempted from work search: ____ / ____ / ____

Education History

Highest school grade completed:

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- | | | |
|--|--|---|
| <input type="checkbox"/> No School Grade Completed | <input type="checkbox"/> 5 th Grade Completed | <input type="checkbox"/> 10 th Grade Completed |
| <input type="checkbox"/> 1 st Grade Completed | <input type="checkbox"/> 6 th Grade Completed | <input type="checkbox"/> 11 th Grade Completed |
| <input type="checkbox"/> 2 nd Grade Completed | <input type="checkbox"/> 7 th Grade Completed | <input type="checkbox"/> 12 th Grade Completed |
| <input type="checkbox"/> 3 rd Grade Completed | <input type="checkbox"/> 8 th Grade Completed | |
| <input type="checkbox"/> 4 th Grade Completed | <input type="checkbox"/> 9 th Grade Completed | |

High School Diploma or equivalent received? Yes No

Highest education level completed?

- GED
 High School Diploma
 Associate Degree
 Vocational Certificate
 Bachelor's Degree
 Master's Degree
 Other (please explain): _____

School Status?

- In-school; Secondary School or less
 In-school, Alternative School
 In-school, post Secondary School
 Not attending school or Secondary School Dropout
 Not attending school; Secondary School Graduate or has a recognized equivalent
 Not attending school; within age of compulsory school attendance

Receiving services from Adult Education (WIOA Title II)? Yes No Do not wish to disclose

Receiving services from YouthBuild? Yes No Do not wish to disclose
 If yes, YouthBuild Grant Number _____

Receiving services from Job Corps? Yes No Do not wish to disclose

Receiving Services from Vocational Education (Carl Perkins)? Yes No Do not wish to disclose

Public Assistance

Participant and members of participant's family who receive public assistance, or have received in the past 6 months, must provide verification of public assistance

Are you, or any of your family members (two or more individuals related by blood, marriage, or decree of court [adoption], who are living in a single residence, and are either: husband and wife; parent and children; or parents and children), currently receiving, or have received in the past 6 months, any of the public assistance listed below:

Temporary Assistance for Needy Families (TANF)? Yes No
 If yes, TANF Recipient: Applicant Family Member
 Within 2 years of exhausting TANF Lifetime Eligibility? Yes No

Supplemental Security Income (SSI)? Yes No
 If yes, SSI Recipient: Applicant Family Member

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General Assistance (GA)? Yes No
If yes, GA Recipient: Applicant Family Member

Food Stamps/Supplemental Nutrition Assistance Program (SNAP)? Yes No

Refugee Cash Assistance (RCA)? Yes No
If yes, RCA Recipient: Applicant Family Member

Are you currently receiving, or have received in the past 6 months, the public assistance listed below:

Social Security Disability Insurance (SSDI)? Yes No

Are you currently receiving any of the public assistance listed below:

Receiving services under SNAP Employment & Training Program? Yes No

Receiving, or has been notified will receive, Pell Grant? Yes No

Ticket to Work Holder issued by the Social Security Administration? Yes No

Individual Barriers

Do you have limited reading, speaking, writing or understanding of the English language AND are you an English language learner? Yes No

Are you basic skills deficient/Low levels of Literacy? Yes No

Are you homeless? Yes No

Are you an ex-offender (arrested/convicted of a crime)? Yes No

Are you a displaced homemaker? Yes No

Are you Hawaiian Native? Yes No

Are you American Indian/Alaskan Native? Yes No

Are you a single parent (including single pregnant women)? Yes No

Are you an individual facing substantial cultural barriers? Yes No

Are you an eligible migrant season farmworker (as defined by WIOA167(i)? Yes No

Meets Governor's special barriers to employment? Yes No

WIOA Youth Eligibility (Ages 18-24)

Are you a runaway? Yes No

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Are you currently in, or aged out of, foster care? Yes No

Are you in an out-of-home placement? Yes No

Are you currently pregnant or parenting? Yes No

Are you a youth with a disability? Yes No

Are you currently receiving or eligible to receive free or reduced lunch? Yes No

Are you a school dropout? Yes No

Are you subject to the juvenile or adult justice system? Yes No

Do you feel you need additional assistance to complete an educational program or to secure or hold employment? Yes No

Income

Must provide verification of family income (ex each working person included in family size must submit a recent paystub)

What is your family size? _____

Family is defined as two or more individuals related by blood, marriage, or decree of court (adoption), who are living in a single residence, and are either: husband and wife; parent and children; or parents and children.

How many people in your family size are currently employed? _____

What is your Annual Family Income? _____

Gross wages, net self-employment income, retirement (pension), alimony. To determine annual income, multiply the last 6 months income by 2.

Self-Attestation

I certify, to the best of my knowledge, that the above application information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the WIOA program and could be case for legal action. I understand the information is subject to verification and agree to provide such documentation as required.

Participant's Signature

Date

Career Advisor's Signature

Date

CareerSource Okaloosa Walton Release of Information



Name _____

Last 4 SSN _____

We ask that you read the information contained on this form, print your name, sign, and date below. Please ensure staff answers any questions you may have concerning the need for this form.

I authorize my Career Advisor to disclose information included in my application for services with other agencies, prospective employers, school officials and other appropriate entities as beneficial and/or necessary while I am participating in CareerSource Okaloosa Walton programs.

I also authorize my Career Advisor to request and receive similar information from other agencies, employers, school officials and other appropriate entities that I am currently working with to assist me with my goals.

I understand this includes the release of Financial Aid Awards, grades while enrolled in training, employment wage rate, and Military Service information.

I have read this statement and had it explained to me and I am in full agreement.

Participant's Signature

Date

Name (Printed)

Career Advisor's Signature

Date

Name (Printed)

Special Certification for Veterans: (Required if no other verification of veteran's status is provided)

Having participated in a program funded by the CareerSource Okaloosa Walton; I therefore, authorize the Veterans Administration or its Departments/Agencies to release my veteran's status to CareerSource Okaloosa Walton for the purpose of determining my veterans status and/or priority for receiving workforce services as provided by the "Jobs for Veterans Act" (PL 107-288); and the Training And Employment Guidance Letter No. 5-03.

Veteran's Signature

Date

Name (Printed)

CareerSource Okaloosa Walton Grievance, Discrimination Complaints, Nondiscrimination Complaints & Equal Opportunity & Appeals Procedures For Customers



Notice Of Nondiscrimination

CareerSource Okaloosa Walton does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, marital status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, participation in any WIOA Title I financially assisted program or activity, or any other characteristic protected by Federal, State or local law.

Programs funded through CareerSource Okaloosa Walton are equal opportunity programs with auxiliary aids and services available upon request to individuals with disabilities. Persons using TTY/TTD equipment use Florida Relay Service 711. Disabled individuals may make requests for reasonable accommodations to the CareerSource Okaloosa Walton Equal Opportunity Officer by calling (850) 651-2315, e-mailing policy@careersourceow.com, or writing to CareerSource Okaloosa Walton, Equal Opportunity Officer, 109 8th Avenue, Shalimar Florida 32579.

Any individual with questions or concerns regarding any type of perceived discrimination is encouraged to contact the CareerSource Okaloosa Walton Equal Opportunity Officer. An individual can ask questions, raise concerns and file a complaint without fear of reprisal or retaliation.

Non-Discrimination Complaints

If you have a grievance or a complaint about any of the workforce services received through the CareerSource Okaloosa Walton centers the following steps should be taken to resolve your concerns:

1. Immediately discuss the matter with the **CareerSource Associate** assisting you.
2. If not resolved satisfactorily, discuss the matter with the **Center Manager**.
3. If not resolved satisfactorily within seven days, address your concerns in writing to **CareerSource Okaloosa Walton, Attn: Chief Operating Officer, 109 8th Avenue, Shalimar, FL 32579; or phone (850) 651-2315 for additional information.**
4. If not resolved satisfactorily within 12 days, address your concerns in writing to **CareerSource Okaloosa Walton, Attn: Executive Director or Equal Opportunity Officer, 109 8th Avenue, Shalimar, FL 32579; or phone (850) 651-2315 for additional information.**
5. If you are not satisfied with the outcome from the CareerSource Okaloosa Walton staff or if a decision is not reached within 30 calendar days from notice of the formal complaint in writing to **CareerSource Okaloosa Walton**, you may appeal in writing to the Department of Economic Opportunity, Office of General Counsel/Office for Civil Rights, Caldwell Building, 107 East Madison Street, MSC 150, Tallahassee, Florida, 32399-4129.

Discrimination Complaints:

If you feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, political affiliation, citizenship, sexual orientation, or beliefs; or, if you believe that you have been discriminated against - either on the job or during the hiring, promotion or discharge process; denied services or treated differently than others in the receipt of services; you may file a complaint of discrimination with the **United States Department of Labor, Civil Rights Center, 200 Constitution Avenue NW, Room N-4123, Washington, D. C. 20210**, within **180 days** of the alleged occurrence.

Hearing Procedures:

Complaints or grievances should be filed in writing and submitted to CareerSource Okaloosa Walton. An attempt will be made to clear up the matter informally within 10 working days - first hearing. If the complaint or grievance is not cleared up informally, a second hearing shall be held and a decision shall be rendered by CareerSource Okaloosa Walton Executive Director within **30 calendar days** from receipt of the formal complaint or grievance. You will be informed of the date and place and about the hearing and appeal process. If you are not satisfied with the decision of the CareerSource Okaloosa Walton Executive Director or do not receive a hearing within 30 calendar days, you may appeal to the Florida Department of Economic Opportunity (DEO) within **30 calendar days**. Grievance/Complaint and Hearing/Appeal Process for WIA, TAA, TANF/WT, and SNAP programs should be filed with Florida Department of Economic Opportunity, Office of General Counsel, 107 East Madison Street, MSC 150, Tallahassee, Florida, 32399-4129. In regards to Wagner-Peyser:

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Procedures for handling allegations of discrimination received by career center staff are set forth in 20 CFR 658.411(b)(1) and 29 CFR 37.76. The Equal Opportunity (EO) Officer for CareerSource and the Department of Economic Opportunity (DEO) Office for Civil Rights (OCR) have authority to process complaints alleging discrimination on the basis of race, color, sex, national origin, religion, age, disability, marital status, sexual orientation, and citizenship status.

Intimidation And Retaliation Prohibited:

CareerSource Okaloosa Walton shall not discharge, intimidate, retaliate, threaten, coerce or discriminate against any person because such person has filed a complaint or grievance. The same prohibition applies to people who have furnished information, assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, or exercise of authority under, or privilege secured by 29 CFR Part 34.

Under Florida law, CareerSource center customers may also choose to file employment complaints with the Florida Commission on Human Relations. (See Section 760.06, Florida Statutes.) Contact the following entities for discrimination, employment, health and safety, or Florida Law violations/complaints:	
CareerSource Okaloosa Walton Local Equal Opportunity Officer 109 8th Avenue Shalimar, Florida 32579	Department of Economic Opportunity Office for Civil Rights 107 East Madison Street, MSC 150 Tallahassee, FL 32399-4129 (P): 850.921.3205 / (F): 850.921.3122
Florida Commission on Human Relations Florida Law Violations 4075 Esplanade Way, Room 110 Tallahassee, Florida 32399 (850) 488-7082 1-800-342-8170 (voice and TTY)	U. S. Department of Labor Civil Rights Center Discrimination Complaints Room N4123 200 Constitution Avenue, NW, Washington, D. C. 20210
U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001 Department Comment Line: 202-353-1555 Department of Justice Main Switchboard: 202-514-2000 TTY/ASCII/TDD: 800-877-8339 (or Federal IP Relay Service(link is external))	U. S. Department of Labor Occupational Safety and Health Administration (OSHA) Safety and Health Violations 200 Constitution Avenue, NW Washington, D.C. 20210 Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201
U. S. Department of Labor Office of Inspector General, Office of Investigations 200 Constitution Avenue, NW Room S-5014 Washington, D. C. 20210.	U. S. Equal Employment Opportunity Commission (EEOC) Employment Complaints <u>Mobile Local Office</u> 63 South Royal Street Suite 504 Mobile, AL 36602 1-800-669-4000 251-690-2581 (Fax) 1-800-669-6820 (TTY) 844-234-5122 (ASL Video Phone)
U.S. Department of Education Office for Civil Rights Lyndon Baines Johnson Depart of Education Bldg 400 Maryland Avenue, SW Washington, DC 20202-1100 Telephone: 800-421-3481 FAX: 202-453-6012; TDD: 800-877-8339	

Participant's Signature _____ Date _____

Parent or Guardian's Signature (If Applicable) _____ Date _____

As a representative of CareerSource Okaloosa Walton, I verify that the participant read the instructions above on Grievance/Complaint and Hearing/Appeal procedures and indicated an understanding of the process.

Career Advisor's Signature _____ Date _____