| | DD SkillBridge - Internship reerSource Okaloosa Walton Intake Form |
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| | Submission Instructions: Download the Form to your desktop computer. Once completed, send the form and a copy of your resume to: BusinessServices@careersourceow.com |
| In | structions: Please check the answer that best describes your current situation |
| 1. | Have you talked to a counselor at your Education Center regarding this program? Yes No |
| 2. | Are you an active duty member with an official separation date? Yes No |
| 3. | Please enter your official date of separation: |
| 4. | Please list your US Military Branch and Base Location: |
| 5. | Please enter your Military Job Title and MOS/AFSC |
| 6. | Please list at least 3 jobs/occupations of interest for training: |
| 7. | Please list any companies of interest if any for training: |
| 8. | If eligible, when are you available to begin training and what is the length of time approved? |
| 9. | Are you registered in Employ Florida? Yes No |
| | If no, please register at <u>www.employflorida.com</u> and provide your USERID only: |
| 10 | Do you have a basic resume? Yes No |
| | Note: In order to refer your contact information to an employer for an internship, we will need a resume. CareerSource will work to make a total of 3 employer contacts in the occupations/industries of interest |
| 11. | Have you completed the TAP Survey? Yes No If no, please complete the survey located HERE HERE |
| | Contact Information |
| | Name: Last Four SSN: |
| | Phone #: E-mail Address: |
| | Address: City:County: |

Acknowledgements:

We ask that you give us at least one week to get you connected with at least three employers after we get your completed resume. After a week, please feel free to do your own employer/training research. In addition, our goal is to provide you a full suite of career services to ultimately get you employed after your internship. This will require continuing communication between you and CareerSource throughout the process. Please check the box if you agree:

The information on this form will be used to initiate participation in the State of Florida system for employment, <u>www.employflorida.com</u>. Can we have your consent to enroll you as a participant in Employ Florida and provide referrals to jobs matching your skills? Yes No

A proud partner of the AmericanJobCenter'network CSOW Revised June 29, 2020 Signature: _____

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.