Veteran (EV)/Eligible Person (EP) Professional Profile



The information requested is intended for use solely in connection with efforts to give priority to persons with disabilities. The information is requested on a voluntary basis and will be kept confidential. Refusal to provide this information will not subject the participant to any adverse treatment and will be used only in accordance with the law.

To help us provide the best service to you, please complete this questionnaire to assist us in assessing your needs. As a military Veteran (or eligible spouse), you always have priority of service and will be offered the opportunity to meet one-

on-one with an employment representative. Thank you for your service to our country. _____Last 4 SSN: _____Age ____Female/Male Date:__ Name: ___ May we text you updates ☐ Yes ☐ No, if so, who is your carrier? How did you hear about CareerSource Okaloosa Walton? ___ Are you looking for ☐ job, ☐ career change, ☐ training? Do you have a resume? ☐ Yes ☐ No Do you need assistance with interview skills? Yes No Are you here to inquire about services other than employment?

Yes

No If so, please list: ____ if so, how long have you been unemployed? _____ Are you unemployed? ☐ Yes ☐ No How long were you in your last job? _____ How many jobs have you held in the last10 years? _____ Currently receiving Reemployment Assistance Food Assistance SSDI SSI in Military Treatment Facility What is your Career Goal? Have you served in the Military? ☐ Yes ☐ No Military Service Dates: From / / to / / Branch of Service _____ Circle Discharge Type: HON, GD, OTHC, BCD, or DD Are you a Transitioning Service Member (TSM)? Tyes No, Are you a Veteran's Family Caregiver? Yes No Are you being separated through a Service Reduction-in-Force?

Yes

No Did you attend the Transition Assistance Program (TAP)?

Yes

No, If so, _____ (MM/YYYY)/

Copy DD2648? Education Level: HS/GED Some College Degree: Major: Are you using your VA Education Benefit? ☐ Yes ☐ No ☐ Need More Info? ☐ 9/11GI Bill ☐ Voc. Rehab Montgomery Other: Are you on track to Graduate?

Yes

No Anticipated Date: _____ (MM/YYYY) Do you have a service-connected disability (includes pending VA claim)? Tes In No Percentage _______% Are you receiving or have you applied for VA disability compensation?

Yes

No Enrolled in e-Benefits VA Healthcare Do you have any concerns about any of the following categories? ☐ Transportation ☐ Dependent Care ☐ Health ☐ Food ☐ Housing, Explain: Do you have any concerns with the following economic factors?

Credit/Financial Legal, Explain: If looking for a job, please list specific job titles/ industry of interest_____ In what city would you like to secure FT employment? ______ Salary exp. \$_____ Are you a tobacco user? Yes No Prefer not to disclose (**Staff**: If yes, complete Tobacco Referral Form) Please check the cessation method you would prefer "FREE" assistance In-person Online help Telephone help I consent to enroll in the Workforce State System, Employ Florida, to receive job referrals matching my skills? Tyes No

Signature:

For Staff Use Only

Participan	t meets SBE VE	TERAN eligibility if "✓" any of the questions below:
Do Ho Dis	you have any backmelessness: Are sability: Do you have memployment: Did you been unenge: Are you under lucation: What is you hansitioning Servingible Spouse/Capunded, ill/injured a ing?	e you been released from incarceration OR Are you currently incarcerated? ckground concerns (i.e. Credit Issues/bankruptcy)?
What w	vas your Military J	lob Title? Vocational Skills:
FAMILY UNIT SIZE	POVERTY LEVEL	What do you consider to be your strengths? Employment Readiness: (Service Codes/ Case Notes):
1	12.490	□ Complete Employ Florida (EF) and Wagner-Peyser (WP) participation. □ Upload resume for
2	16,910	participant OR complete background wizard. Activate virtual recruiter & permission to WP
3	21,330	☐ Enter 250 SBE Vet Referred to DVOP or ☐ 251 Vet not Referred to DVOP
4	25,750	101 Orientation: Provide a general overview/one-on-one orientation of CSOW services
5	30,170	189 Priority of Service: Provide a 189 if an 089-service code hasn't been auto-generated ye
6	34.590	102 Assessment: Conduct initial needs assessment to identify career interest, employment of training needs using the case note Template in EF
7	39,010	Participant NEEDS REFERRAL TO DVOP for Intensive Case Management
8	43,430	Develop a basic employment plan using the needs assessment results and assist participants
	For each additional	in achieving employment goals.
	person in a	☐ 132 Objective Assessments: Use assessments for career exploration or skill-based (Traitify
	family above eight, add	IBM Kenexa, or TORQ)
	\$4,320 per	 ☐ Workshop Referrals: Refer participant to applicable workshops and job fairs as needed ☐ 107 LMI: Educate participant on industries and occupations that are fast growing, with the
	person.	most jobs, high wage and high skill by providing Labor Market Information (LMI) obtained from
O*NET, EF	or Career One-S	Stop. Data will support salary negotiation needs
	115 Resume: Ass	sist with resume creation and provide professional review using CSOW standards
		ills: Assist with interview readiness to include setting up or conducting mock interviews
		ir preparation (Elevator speech, etc.)
	AILAS – Scan c	ompleted Profile into ATLAS.
Employme	ent Plan/Challenç	ges:
Staff Mem	ber's Name:	Date:

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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.