

**WIOA Program Application Program  
Adult & Dislocated Worker**

## Career Source North Central Florida WIOA-DW Customer Document Checklist



### WIOA Dislocated Worker Program Eligibility

Minimum documentation required:

NOTE: WIOA is not an entitlement program. Eligibility and suitability for the program must be determined.

- Register in Employ Florida (EF) [www.employflorida.com](http://www.employflorida.com)
- Post updated resume in EF
- Copy of WIOA applicant's Florida driver's license or ID card and **SIGNED** Social Security Card
- Job searches in field of vocational training
- WIOA Reference List
- Copy of DD-214 (if Veteran)
- Proof of Selective Service for males born January 1, 1960 and after
- Proof of Unemployment Compensation (if applicable)
- Written Verification from Employer or Lay-off/Termination Letter from Employer (if applicable)
- Completed WIOA application packet
- Other documentation needed, as specified by Staff:
  - 
  - 
  -

Other documentation may be requested as needed to determine eligibility and suitability for WIOA program.

Training services is a competitive process and funding is limited.  
The WIOA review committee will determine if the allocation of funding is available and appropriate.

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**1112 North Main Street | Gainesville, FL 32601 | Phone (352) 955-2245 | Fax (352) 955-2332**  
**101 E. Call Street | Starke, FL 32091 | Phone (904) 964-8092 | Fax (904) 964-3969**

**WIOA Program Application Packet  
Adult & Dislocated Worker**



APPLICANT INFORMATION	
Name:	Application Date:
Address:	County: <input type="checkbox"/> Alachua <input type="checkbox"/> Bradford
City, State:	Zip Code:
Phone:	Alternate Phone:
Date of Birth:	Email:
SSN:	Emergency Contact:
EF Username:	Emergency Contact Phone:
DEMOGRAPHIC INFORMATION	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black /African American <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> American Indian / Alaska Native	<b>Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Are you Hispanic / Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a lawful alien or refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME INFORMATION	
Number of family members in household: _____	Applicant's Annual Income: \$ _____
Number of dependents under age 18: _____	Annual Family Income: \$ _____
<b>Do you receive (or have you received in the prior 6 months) any of the following assistance? (Check all that apply)</b> <input type="checkbox"/> SSI or SSDI <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Other: _____	
EDUCATION INFORMATION	
Highest Grade Level Completed:	Are you currently enrolled in an educational program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major(s):	If yes, list program of study:
List any degrees and/or certifications achieved below:	Date of degree or certificate achieved:
1.	
2.	

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EMPLOYMENT INFORMATION	
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you laid-off from your last job or received notice of layoff from your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, hourly wage:	If unemployed, date of last employment:
Job Title: _____	
I have work experience in the following industries: _____ _____	
EMPLOYMENT HISTORY (List two most recent positions)	
Previous Employer:	Previous Employer:
Job Title:	Job Title:
Dates of Employment: _____ to _____	Dates of Employment: _____ to _____
Reason for Leaving:	Reason for Leaving:
Hourly Wage	Hourly Wage
VETERAN STATUS	
<b>Have you served in the US Military?</b> <input type="checkbox"/> Yes, eligible veteran <input type="checkbox"/> Yes, less than or equal to 180 days and was discharged under other than honorable conditions <input type="checkbox"/> No	<b>Are you the spouse of a military veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand that any willful misstatement of facts may cause forfeiture of my status in the program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand that my Social Security Number may be given to other federal, state, and local government and non-government agencies for tracking purposes. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Personal Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **County:** ☐ Alachua ☐ Bradford ☐ Other \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Alternative Phone Number:** \_\_\_\_\_ **Gender:** ☐ Female ☐ Male

**Are You Receiving Re-Employment Benefits?** ☐ Yes ☐ No **Last Day of Employment:** \_\_\_\_\_

**Citizenship:** ☐ Citizen of U.S./U.S. Territory ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted to U.S

**Alien Registration No.** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

### Support Service Needs/Challenges/Barriers

Please check the box(es) that best describes your current situation in each section. Your responses will allow us to provide or refer you to services that can best assist you.

<b>Transportation:</b> <input type="checkbox"/> Has a valid license <input type="checkbox"/> Does not have valid license <input type="checkbox"/> Has reliable transportation (bus or personal vehicle) <input type="checkbox"/> Needs assistance with gas money or bus pass <input type="checkbox"/> License is suspended or restricted <input type="checkbox"/> History of DUI/DWI <input type="checkbox"/> Additional Info: _____	<b>Dependent Care:</b> <input type="checkbox"/> Do not have any dependents (children or adults) in the home <input type="checkbox"/> Has children, and reliable childcare <input type="checkbox"/> Needs childcare or adult care assistance <input type="checkbox"/> Number of dependents Children: 0 Adults: _____ <input type="checkbox"/> Additional Info: _____																		
<b>Housing:</b> <input type="checkbox"/> Has a stable living environment <input type="checkbox"/> Facing possible eviction <input type="checkbox"/> Resides in public housing <input type="checkbox"/> Resides in Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Additional Info: _____ <input type="checkbox"/> No Support Services Needed for Housing	<b>Home Life:</b> <input type="checkbox"/> Lives in a safe and supportive environment <input type="checkbox"/> Family and friends are supportive of me <input type="checkbox"/> Victim of domestic violence <input type="checkbox"/> Lacks family support system <input type="checkbox"/> Need assistance with Food/Financial Issues <input type="checkbox"/> Additional Info: _____																		
<b>Health / Behavioral:</b> <input type="checkbox"/> No health issues affecting ability to work, or attend training <input type="checkbox"/> Limitations in ability to work certain jobs <input type="checkbox"/> Health has been cause for absences from job/school activities <input type="checkbox"/> Requires medication that may affect job performance <input type="checkbox"/> Has disability requiring reasonable accommodations <input type="checkbox"/> History (or current) abuse of alcohol and/or drugs <input type="checkbox"/> Additional Info: _____	<b>Legal Issues:</b> <input type="checkbox"/> Do not have legal issues that would affect employment <input type="checkbox"/> Ex-offender <input type="checkbox"/> Currently on probation / parole <input type="checkbox"/> Pending court appearance <input type="checkbox"/> If offender, list charges and date: _____ <input type="checkbox"/> Additional Info: _____																		
<b>Do you require assistance or have an interest in any of the following (check all that apply):</b> <table> <tr> <td><input type="checkbox"/> None at this time</td> <td><input type="checkbox"/> Veteran Services</td> <td><input type="checkbox"/> Refugee Services</td> </tr> <tr> <td><input type="checkbox"/> Transportation Assistance</td> <td><input type="checkbox"/> Housing Assistance</td> <td><input type="checkbox"/> Senior Services</td> </tr> <tr> <td><input type="checkbox"/> Homeless Program</td> <td><input type="checkbox"/> Ex-Offender Services</td> <td><input type="checkbox"/> Child Care Assistance</td> </tr> <tr> <td><input type="checkbox"/> Domestic Violence</td> <td><input type="checkbox"/> Disability Management</td> <td><input type="checkbox"/> Work Experience</td> </tr> <tr> <td><input type="checkbox"/> Health Services</td> <td><input type="checkbox"/> Alcohol/Substance Abuse Services</td> <td><input type="checkbox"/> Education Assistance</td> </tr> <tr> <td><input type="checkbox"/> Cash Assistance</td> <td><input type="checkbox"/> Smoking Cessation</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> None at this time	<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Refugee Services	<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Homeless Program	<input type="checkbox"/> Ex-Offender Services	<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Disability Management	<input type="checkbox"/> Work Experience	<input type="checkbox"/> Health Services	<input type="checkbox"/> Alcohol/Substance Abuse Services	<input type="checkbox"/> Education Assistance	<input type="checkbox"/> Cash Assistance	<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Other: _____
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**CareerSource North Central Florida  
Wagner-Peyser, WIOA, and Special Projects  
Initial Assessment**



Check off the box(es) if either applies to you:

- ☐ Limited English Proficiency  
☐ Enrolled in ABE/Literacy or ESOL  
☐ Needs Interpretation Services

**Education Level**

- |  |  |
|--|--|
| <input type="checkbox"/> Below 12 <sup>th</sup> grade      | <input type="checkbox"/> Associate's Degree: _____ |
| <input type="checkbox"/> High School Diploma or GED        | <input type="checkbox"/> Bachelor's Degree: _____  |
| <input type="checkbox"/> Vocational Certificate            | <input type="checkbox"/> Master's Degree: _____    |
| <input type="checkbox"/> Some college / technical training | <input type="checkbox"/> Doctorate Degree: _____   |

Are you currently enrolled in School/Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what program? _____
Are you interested in Additional Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify: _____
Do you have any other Certificates/Licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list with date of attainment: _____

**Employment History**

1. Employer Name: _____		
Occupation/Job Title: _____	Years of Experience: _____	
2. Employer Name: _____		
Occupation/Job Title: _____	Years of Experience: _____	
3. Employer Name: _____		
Occupation/Job Title: _____	Years of Experience: _____	

**List Jobs/Industries That Interests You**

Desired Occupation 1: \_\_\_\_\_

Desired Occupation 2: \_\_\_\_\_

Desired Occupation 3: \_\_\_\_\_

**Employment Goals**

Long Term Employment Goal: \_\_\_\_\_

Services needed to obtain Goal: \_\_\_\_\_

Short Term Employment Goal: \_\_\_\_\_

Services needed to obtain Goal: \_\_\_\_\_

Are you seeking Full-time or Part-time Employment? \_\_\_\_\_

What minimum wage do you feel you need to be self-sufficient? \_\_\_\_\_

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### Job Seeker's Military Information (if applicable)

Branch of Service: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Discharged Date: \_\_\_\_\_ DD214: ☐ Yes ☐ No

Type of Discharge: ☐ Honorable ☐ Dishonorable ☐ Under General Conditions ☐ Other

MOS / Job Title & Responsibilities: \_\_\_\_\_

Military Spouse: ☐ Yes ☐ No

### Strengths, Skills, Qualifications and / or Abilities

List all of your transferable skills, qualifications, and / or abilities (i.e. computer skills, spelling, literacy) here:

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Work Readiness

Please check all statements that best apply to you.

- ☐ I have a complete and up-to-date resume
- ☐ I am registered in the EmployFlorida (EF) system
- ☐ I have posted my resume on EF, and am able to conduct job searches in the system
- ☐ I have taken the TABE/Ready to Work Exam within the last year
- ☐ I am goal oriented. If I set my sights on an end result I usually achieve it
- ☐ I know what type of environment I would like to work in
- ☐ I have knowledge of my skills, abilities, and interests, and which jobs I can apply them
- ☐ I have a career goal, but need some assistance in achieving it
- ☐ I am most interested, at this time, in finding work only. This may include entrance into an on-the-job training situation first leading to full-time employment

Job Seeker certified to the best of his/her knowledge that all the information above is true. Job Seeker certified that all the above data as well as his/her personal rights and privileges have been discussed with him/her.

#### WIOA and Special Projects Only

I agree and understand that any willful misstatement of facts may cause forfeiture of my status in the program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand that my Social Security Number may be given to other federal, state, and local government or non-government agencies for tracking purposes.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

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**WIOA Program Application Packet  
Adult & Dislocated Worker**



**Family Size and Household Income Self-Attestation Form**

Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

**FAMILY SIZE**

For uses in completing this form, the definition of FAMILY SIZE is:

- A husband, wife and dependent children
- A parent, guardian and dependent children
- A husband and wife

Total Family Size: \_\_\_\_\_

**HOUSEHOLD INCOME**

For use in completing this form, include each of the following as INCOME:

Wages and Salary Before Deductions  
Self-Employment  
Railroad Retirement Benefits  
Alimony  
Military Family Allotments  
Pensions

Insurance or Annuity Payments  
College or University Grants, Fellowship, and  
Assistantships  
Dividends, Interest, Rental Income  
Gambling or Lottery Winnings  
Other Sources (explain):

Applicant's Income: \$ \_\_\_\_\_

Household Income: \$ \_\_\_\_\_

I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the program, or prosecution under the law.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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**WIOA Program Application Packet  
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**Records Release Consent Form**

Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

As a participant of CareerSource North Central Florida (CSNCFL) Career Centers, I hereby authorized the release of confidential information to the employees, representatives or agents of CSNCFL. The representatives of CSNCFL are authorized by me to obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions. This information may include, but is not limited to, educational records (such as testing scores, attendance information, etc.), public assistance records, and income/employment information.

I hereby give consent for CSNCFL to engage in verbal, written, facsimile or computerized communication of information required to verify my eligibility for services, identify services or agencies to assist me, assess my qualifications to enter a CSNCFL program, monitor progress while participating in a CSNCFL program and to provide employment/educational recommendations and follow-up completion of training.

I hereby waive any and all rights and claims I may have to privacy regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the verification process and all other persons, corporations or organizations, be it Federal, State, or Local, for furnishing such information about me.

I further understand that this release will be effective during the length of my participation, as well as for one (2) year following completion of the program(s) in order to assist staff with their follow-up procedures.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(If under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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## WIOA Program Application Packet Adult & Dislocated Worker & TAA



### Equal Opportunity is the Law Notice

It is against the law for this recipient of Federal financial assistance, CareerSource North Central Florida, to discriminate on the following bases against:

- Any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and
- Any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I- financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I- financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such as a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

### What To Do If You Believe You Have Experienced Discrimination

If you think that you may have been subjected to discrimination under a WIOA Title I- financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with any of the three agencies listed below:

CareerSource North Central Florida	Department of Economic Opportunity	U.S. Department of Labor
Jacqueline A. Chung Equal Opportunity Manager Equal Opportunity 12 SE 1st Street • Gainesville • FL • 32601 (352) 374-5275 (office) (352) 338-3205(fax)	Veronica Owens Equal Opportunity Officer Office for Civil Rights (OCR) Department of Economic Opportunity Caldwell Building – MSC 150 107 East Madison Street Tallahassee, FL 32399-4129	The Director Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue NW Room N-4123 Washington, DC 20210

If you file your complaint with the Office of Civil Rights (OCR), you must wait either until OCR issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If OCR does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for OCR to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with OCR).

If OCR gives you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Date

Sponsored by CareerSource North Central Florida and the State of Florida, Department of Economic Opportunity. CareerSource North Central Florida is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. Programs funded by CareerSource NCFL as a grantee of the U.S. Department of Labor. A proud partner of the American Job Center Network.

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(updated 07/20/2021)

**WIOA Program Application Packet  
 Adult & Dislocated Worker  
 Grievance and Complaint Form**

As a participant of the CareerSource North Central Florida (CSNCFL) program, if you feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, marital status, disability, age, political affiliation or belief, beneficiaries only, or citizenship, you may file a complaint within 180 days of the alleged violation directly with any of the three agencies listed below:

CareerSource North Central Florida	Department of Economic Opportunity	U.S. Department of Labor
Jacqueline A. Chung Equal Opportunity Manager Equal Opportunity 12 SE 1st Street • Gainesville • FL • 32601 (352) 374-5275 (office) (352) 338-3205(fax)	Veronica Owens Equal Opportunity Officer Office for Civil Rights (OCR) Department of Economic Opportunity Caldwell Building – MSC 150 107 East Madison Street Tallahassee, FL 32399-4129	The Director Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue NW Room N-4123 Washington, DC 20210

If you have a problem that arose in connection with the programs operated in your area, you should take the following steps: 1) Discuss the matter with the staff member directly. If the problem is not resolved to your satisfaction, ask to speak with their Supervisor. 2) If, after discussion with the Supervisor, the issue is still not resolved to your satisfaction, call (352) 955-2245 and ask to be referred to the CSNCFL Project Director. 3) If the Project Director cannot resolve the issue, you will be given information about the process to file a formal grievance/complaint and to request a hearing on the issue. The filing of a grievance/complaint and request for hearing should be identified in writing and at the top of each page, e.g., REQUEST FOR HEARING. The grievance/complaint should not exceed five pages (not including exhibits and attachments) and should be sent to the CSNCFL Board of Directors' Administrative Entity by certified mail to: Career Source North Central Florida, 1112 North Main Street, Gainesville, FL 32091.

Upon receipt of the grievance/complaint, you will be notified of the hearing date, and a decision will be issued within 60 days. An appeal may be filed at either the state or the federal level if a) the hearing or decision is not completed within 90 days; b) either party is dissatisfied with the decision; or c) if CSNCFL has been adversely affected by the decision. As a participant enrolled with CareerSource North Central Florida, I certify that I have read the above statement and understand my rights and responsibilities as enumerated in the statement.

---

**Participant Signature**

**Date**

---

**Parent Guardian Signature (if under 18)**

**Date**

---

**Staff Signature**

**Date**

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**Audio/Video/Print Release Form**

The Alachua Bradford Regional Workforce Board doing business as CareerSource North Central Florida (CSNCFL) requests your permission to share your experience while participating in or receiving a benefit from one or more CSNCFL Programs or Events. With your permission, there is a possibility that you may be photographed, videoed, have your voice recorded or comments printed for the purpose of promoting the program. Your signature below allows WIOA, its agents, contracted service providers and their respective staff, the broadcast media or other persons authorized by WIOA to photograph, videotape, audiotape, or print your comments.

Your participation is voluntary and will take place during scheduled hours of a program, event or at a time that is convenient to you and the organization. Please sign below if you agree to participate. If you decide not to sign this form, you will not be photographed, videoed, have your voice recorded or your comments printed during a program or event. Your eligibility or participation in WIOA Adult/Dislocated Worker will not be affected by your decision.

BY MY SIGNATURE below, I give my permission for WIOA, its agents, contracted service providers and their respective staff, broadcast or print media to photograph, video record, audio record or print comments from me. I understand that I will not receive any form of compensation for the use of my picture, voice or comments. Any photographs, video, and audio of me, or comments from me are and will remain the property of CSNCFL.

**I understand that I may revoke my permission at any time by notifying WIOA in writing of my decision to do so.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Last 4 SSN**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Birth**

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101 E. Call Street | Starke, FL 32091 | Phone (904) 964-8092 | Fax (904) 964-3969**

**WIOA Program Application Packet  
Adult & Dislocated Worker**



**(WIOA) Participant Responsibilities**

Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

- ✓ To ensure that WIOA can provide effective services to all customers, it is very important that you maintain contact with your Career Navigator on a monthly basis, at minimum. If after 3 months of repeated failed attempts to contact you, it will be assumed that you are no longer interested in receiving services and you may be terminated from the program. **If termination results from loss of contact, you may be ineligible for re-enrollment.**
- ✓ Any changes in address, phone number, training plan, or employment status must be reported to your Career Navigator.
- ✓ Each participant will receive individualized services and be actively engaged in the development of an Individual Employment Plan (IEP). You will receive a copy of the IEP and be responsible for completing all tasks as outlined in the IEP to ensure success.
- ✓ During program participation, you must provide all documentation as requested by your Career Navigator to remain in good standing (e.g. school / internship schedule, grades, attendance records, employment information / verification, etc.).
- ✓ At program completion, you must provide all documentation necessary to ensure verification of outcomes resulting from your participation (e.g. employment verification such as a copy of a pay stub, school/licensure certifications, etc.)
- ✓ As part of the WIOA federal program requirements, you agree to participate in quarterly follow-up contact for up to one year after WIOA program completion.
- ✓ Knowingly providing false information at the time of application to gain admission or later to retain participant status may result in rejection of admission or termination from the program.
- ✓ Knowingly misusing WIOA funds for any reason will result in immediate termination from the program.
- ✓ Each participant shall be informed of and provided with a copy of the grievance procedure, and has the right to file a complaint/grievance as granted by law to all applicants and participants.

**I have read and fully understand my responsibilities as a participant in the WIOA Adult/Dislocated Worker program. If for any reason, I am unable to comply with these requirements at any time, I will notify and discuss my concerns with my Career Navigator. Failure to do so will result in ineligibility for continued services and/or termination from the program.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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**DEPARTMENT OF ECONOMIC OPPORTUNITY  
WORK SEARCH RECORD**

**Participant Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**For Week Beginning:** \_\_\_\_\_

DATE	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	METHOD OF CONTACT	RESULTS	VERIFIED (For Agency Use)

List additional work search contacts on a separate sheet.

I certify the information included on this report is correct and complete to the best of my knowledge. I understand misrepresentation to obtain benefits to which I am entitled is fraud and subject to prosecution.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)(1), and s.443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state, and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and resource purposes.

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# WIOA Reference List

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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