2025-05

WIOA Program Application Packet

Adult & Dislocated Worker

WIOA Program Application Packet

WIOA-DW Customer Checklist

CareerSource NORTH CENTRAL FLORIDA

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

❑ 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 the funding is available and appropriate.

WIOA Program Application Packet

Adult & Dislocated Worker Application

CareerSource NORTH CENTRAL FLORIDA

Applicant Information

Name:	**Application Date:**
Address:	**County:** ❑ Alachua ❑ Bradford ❑ Columbia ❑ Dixie ❑ Gilchrist ❑ Union ❑ Other: _____
City, State:	
Phone:	
Alt. Phone:	
Date of Birth:	**Email:**
SSN:	**Emergency Contact:**
EF Username:	**Emergency Contact Phone:**

Demographic Information

Race: ❑ White ❑ Black/African American ❑ Asian ❑ Native Hawaiian/Other Pacific Islander ❑ American Indian/Alaska Native

Gender: ❑ Male ❑ Female

Are you Hispanic/Latino?	❑ Yes	❑ No
Are you a citizen of the United States?	❑ Yes	❑ No
If no, are you a lawful alien or a refugee?	❑ Yes	❑ No
Do you consider yourself to have a disability?	❑ Yes	❑ No

Income Information

Number of family members in household:	**Applicant's Annual Income:** $
Number of dependents under age 18:	**Annual Family Income:** $

Do you receive (or have you received in the prior 6 months) any of the following assistance? (Check all that apply)

❑ SSI or SSDI ❑ Temporary Assistance for Needy Families (TANF) ❑ Refugee Assistance

❑ SNAP (Food Stamps) ❑ Other: _____

Education Information

Highest Grade Level Completed:	**Are you currently enrolled in an educational program:** ❑ Yes ❑ No
Major(s):	**If yes, list program of study:** _____

List any degrees and/or certifications achieved below with dates achieved:

1. _____ Date: _____ 3. _____ Date: _____

2. _____ Date: _____ 4. _____ Date: _____

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Adult & Dislocated Worker Application

CareerSource NORTH CENTRAL FLORIDA

Employment Information	
Are you currently employed: ❑ Yes ❑ No	
If Yes, Current Employer:	**If No, Date of last employment:**
Job Title:	
Hourly wage:	
Were you laid off from your last job or received notice of layoff from your current employer: ❑ Yes ❑ No	
I have work experience in the following industries: _____	

Employement History (List two 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:**

Income Information	
Have you served in the US Military? ❑ Yes, eligible veteran ❑ Yes, less than or equal to 180 days and discharged under other than honorable conditions ❑ No	**Are you the spouse of a military veteran?** ❑ Yes ❑ No

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand that any willful misstatement of fact 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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Wagner-Peyser, WIOA, and Special Projects

Initial Assessment

CareerSource NORTH CENTRAL FLORIDA

Applicant Information	
Name:	**Date:**
Address:	**County:** ❑ Alachua ❑ Columbia ❑ Gilchrist ❑ Bradford ❑ Dixie ❑ Union ❑ Other: _____
City:	
Zip:	
Phone Number:	**Date of Birth:**
Alternate Phone Number:	**Social Security 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.:	
Email 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.

Transportation:

❑ Has a valid License ❑ Does Not have a valid License
❑ Has Reliable transportation (bus or personal vehicle)
❑ Needs assistance with gas money or bus pass
❑ License is suspended or restricted
❑ Additional info: _____

Dependent Care:

❑ Do not have any dependents (children or adults) in the home
❑ Has children, and reliable childcare
❑ Needs childcare or adult care assistance
❑ Number of dependents: Children: _____ Adults: _____
❑ Additional info: _____

Housing:

❑ Has a stable living environment
❑ facing possible eviction
❑ Resides in public housing
❑ Resides in Shelter
❑ Homeless
❑ No support services needed for housing
❑ Additional info: _____

Home Life:

❑ Lives in a safe and supportive environment
❑ Family and friends are supportive of me
❑ Victim of domestic violence
❑ Lacks family support system
❑ Needs assistance with Food/Financial issues
❑ Additional info: _____

Health/Behavioral:

❑ No health issues affecting ability to work or attend training
❑ Limitations in ability to work certain jobs
❑ Health has been cause for absences from job/school activities
❑ Requires medication that may affect job performance
❑ Has disability requiring reasonable accommodations
❑ History (or current) abuse of alcohol and/or drugs
❑ Additional info: _____

Legal Issues:

❑ Do not have legal issues that would affect employment
❑ Ex-offender
❑ Currently on probation/parole
❑ Pending court appearance
❑ If offender, list charges and dates: _____
_____
❑ Additional info: _____

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Initial Assessment

CareerSource NORTH CENTRAL FLORIDA

Support Service Needs/Challenges/Barriers [Continued]

Do you require assistance or have an interest in any of the following (Check all that apply):

❑ None currently	❑ Veteran Services	❑ Refugee Services
❑ Transportation Assistance	❑ Housing Assistance	❑ Senior Services
❑ Homeless Program	❑ Ex-Offender Services	❑ Child Care Assistance
❑ Domestic Violence	❑ Disability Management	❑ Work Experience
❑ Health Services	❑ Alcohol/Substance Abuse Services	❑ Education Assistance
❑ Cash Assistance	❑ Smoking Cessation	❑ Other: _____

Check the box(es) if they apply to you:

❑ Limited English proficiency
❑ Enrolled in ABE/Literacy or ESOL
❑ Needs translation services

Education Level

❑ Below 12th grade	❑ Associate's degree: _____
❑ High School Diploma or GED	❑ Bachelor's degree: _____
❑ Vocational Certificate	❑ Master's degree: _____
❑ Some college/technical training	❑ Doctorate degree: _____

Are you currently Enrolled in School/Training?	❑ Yes	❑ No	If yes, what program: _____
Are you interested in Additional Training?	❑ Yes	❑ No	Please specify: _____
Do you have any other certificates/licenses?	❑ Yes	❑ No	Please list with date of attainment: _____

_____

Employment History

Employer: _____	**Occupation/Job Title:** _____	**Years of Experience:** _____
Employer: _____	**Occupation/Job Title:** _____	**Years of Experience:** _____
Employer: _____	**Occupation/Job Title:** _____	**Years of Experience:** _____

List Jobs/Industries That Interest 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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Initial Assessment

CareerSource NORTH CENTRAL FLORIDA

Job Seeker's Military Information (If Applicable)	
Branch of Service:	**Entry Date:**
DD214: ❑ Yes ❑ No	**Discharged Date:**
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

Check all the statements that best apply to you:

❑ I have a complete and up-to-date resume
❑ I am registered in the Employ Florida (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 a result, I usually achieve it
❑ I know what type of environment I would like to work in
❑ I have knowledge of my skills, abilities, interests, and which jobs I can apply them
❑ I have a career goal, but need some assistance in achieving it
❑ I am most interested, currently, in finding work only. This may include entrance into an on-the-job training situation first leading to full-time employment

I certify to the best of my knowledge that all the information above is true. I further certify that all of the above data as well as my personal rights and privileges have been discussed with me.

WIOA and Special Projects Only

I agree and understand that any willful misstatement of fact 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 other federal, state, and local government or non-government agencies for tracking purposes.

_____ _____ _____

Name Signature Date

Wagner-Peyser, WIOA, and Special Projects

Family Size and Household Income Self-Attestation

CareerSource NORTH CENTRAL FLORIDA

Name:	**Last Four of SSN:**

Family Size

For use 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.

Name	Signature	Date
Staff Name	Signature	Date

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Records Release Consent

CareerSource NORTH CENTRAL FLORIDA

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 Name	Participant Signature	Date
Parent/Guardian Name (If under age 18)	Parent/Guardian Signature	Date
Staff Name	Staff Signature	Date

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Wagner-Peyser, WIOA, and Special Projects

Equal Opportunity is the Law Notice

Name:	Last Four of SSN:

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 1 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 1 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 1 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 1 financially assisted program or activity, you may file a complaint within 180 days from the date of the allege violation with any of the three agencies listed below:

CareerSource North Central Florida	Florida Commerce	U.S. Department of Labor
Jacqueline A. Chung Equal Opportunity Manager Equal Opportunity 12 SE 1st Street Gainesville, FL 32601 Office: (352) 374-5275 Fax: (352) 338-3205	Julisa A. Nnorom, Esq. Equal Opportunity Officer Office of Civil Rights (OCR) Florida Commerce 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.

Participant Name _____ Participant Signature _____ Date _____

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Wagner-Peyser, WIOA, and Special Projects

Grievance and Complaint

Name:	Last Four of SSN:

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	Florida Commerce	U.S. Department of Labor
Jacqueline A. Chung Equal Opportunity Manager Equal Opportunity 12 SE 1st Street Gainesville, FL 32601 Office: (352) 374-5275 Fax: (352) 338-3205	Julisa A. Nnorom, Esq. Equal Opportunity Officer Office of Civil Rights (OCR) Florida Commerce 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 Program Manager and/or Chief Operations Officer. 3) If the Program Manager and/or Chief Operations Officer 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 QA Officer by certified mail to: Career Source North Central Florida, 1112 North Main Street, Gainesville, FL 32601.

Upon receipt of the grievance/complaint, you will be notified of the hearing date. 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 Name	Participant Signature	Date
Parent/Guardian Name (If under age 18)	Parent/Guardian Signature	Date
Staff Name	Staff Signature	Date

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WIOA Program Application Packet

Audio/Video/Print Release

Name:	**Last Four of SSN:**

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, vice 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.

Participant Name	Participant Signature	Date of Birth

WIOA Program Application Packet

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 or an Individual Employment Plan (IBP). You will receive a copy of the IBP and be responsible for completing all tasks as outlined in the IBP 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.

Name	Signature	Date
Staff Name	Signature	Date

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Wagner-Peyser, WIOA, and Special Projects

Work Search Record

CareerSource NORTH CENTRAL FLORIDA

Name:		Last Four of SSN:		
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 Name _____ 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 Program Application Packet

WIOA Reference List

Name:	Last Four of SSN:

Name:	
Address:	
Phone Number:	
Email:	

Name:	
Address:	
Phone Number:	
Email:	

Name:	
Address:	
Phone Number:	
Email:	

Name:	
Address:	
Phone Number:	
Email:	

WIOA Program Application Packet

WIOA Adult Program Basic Skills Screening Tool

Name:	**Last Four of SSN:**		
Date of Birth:			
Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED):	❑ Yes	❑ No	❑ Currently in High School
Can you follow basic written instructions and diagrams with no help or just a little help:	❑ Yes	❑ No	
Can you fill out basic medical forms and job applications:	❑ Yes	❑ No	
Can you add, subtract, multiply and divide with whole numbers up to 3 digits:	❑ Yes	❑ No	
Can you do basic tasks on a computer:	❑ Yes	❑ No	
Do you speak and read English well enough to get and keep a job:	❑ Yes	❑ No	

Participant Name _____ Participant Signature _____ Date _____

For Internal Use Only		
Was the individual able to complete this screening tool without help:	❑ Yes	❑ No
If any question was answered, "No" or the form could not be completed independently, the Individual should receive priority.		
Does the individual receive basic skills deficient priority of services:	❑ Yes	❑ No

Staff Name _____ Staff Signature _____ Date _____