

Employ Florida Registration Form

Please fill out this form completely. All personal information entered into the system is held strictly confidential. Please Print.

PERSONAL INFORMATION

Last Name:		First Name:		Middle Initial:	SSN or Govt. ID:	
Have you registered with selective service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____		Date of birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address:			City:		State:	Zip code:
Email address:			Phone number: () ()		Alternate phone number: () ()	
Race (please check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> White/Caucasian <input type="checkbox"/> I do not wish to answer					Are you of Haitian Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer	

EDUCATION

Highest Education Level Achieved: <input type="checkbox"/> HS Diploma <input type="checkbox"/> School Grades Completed: _____ <input type="checkbox"/> GED <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other (Please Specify): _____	
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If enrolled in school, where? (please specify below) School: _____ Address: _____ City: _____ State: _____ Zip Code: _____
Are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License? (Indicate type) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	Driver's License: (Please select) <input type="checkbox"/> Class A (Tractor/Trailer) <input type="checkbox"/> Class B (Over 13 tons) <input type="checkbox"/> Class C (Less than 13 tons) <input type="checkbox"/> Class D (Vehicle > 4 tons < 13 tons) <input type="checkbox"/> Class E (Regular) <input type="checkbox"/> Class F (Other)
List special knowledge, skills and/or other abilities: _____	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Never worked
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work History: Please share your work history, starting with your most recent job. For each position, use this checklist to write a brief job description.

Employer	Location (City/State)	Job Title	Start Date	End Date	Salary	Reason for Leaving

VETERAN STATUS:

<input type="checkbox"/> Eligible Veteran (Active-duty > 180 days) <input type="checkbox"/> Campaign (Badge) Veteran <input type="checkbox"/> 30% or more disabled <input type="checkbox"/> 20% or less disabled <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> Eligible Person (Spouse, etc.) <input type="checkbox"/> NOT Disabled <input type="checkbox"/> Other (please specify): _____	
Military Branch of Service: _____ Military Rank/Pay Grade at Separation/Retirement: _____ Military Job Specialty: _____	Type of Military Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other (please specify): _____ Dates of Service: Start: ____ / ____ / ____ Finish: ____ / ____ / ____

PUBLIC ASSISTANCE

Please provide answers to the following questions if any apply within the last six (6) months

Has your household received Temporary Assistance for Needy Families (TANF) payments?

- Yes
- No

Have you been determined eligible for or received Supplemental Nutritional Assistance Program Assistance (SNAP)? *Formerly known as Food Stamps*

- Yes
- No

Have you received General Assistance Payments?

- Yes
- No

Have you received Refugee Cash Assistance Payments?

- Yes
- No

Have you been supported through the State's Foster Care System?

- Yes
- No

Have you performed work as a farm worker or food processor, include packing houses, nurseries, or orchards, for at least 25 days within the past 12 months?

- Yes
- No

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?

- Yes
- No

