



Intake Information DO NOT Remove From Folder

Without written consent of
CareerSource Escarosa's
Executive Director

Interest Application

All information for CareerSource Escarosa use only!



Date: _____

Name: _____ Birth date: ____/____/____ Sex: _____

Last First (MI)

Address: _____ SSN #: _____ - _____ - _____

Street City State Zip

Email Address: _____ Phone Number: (____) _____ Alt Phone: (____) _____

Employment Status: Currently Employed Unemployed Laid Off

School Status: (Currently Enrolled?) Yes No

Educational Level: No HS Diploma HS Diploma/GED AA/AS BA/BS MA/MS PHD

Indicate Degree: _____

Degree Field: _____ **State:** _____ **Issuing Institute:** _____

Ethnic Origin/Race : *(for statistical purposes only—NOT to be used for screening)*

- White Black Hispanic or Latino American Indian/Alaskan Native Asian Hawaiian/Other Pacific Islander
- Other: _____ I do not wish to answer

Active Military Duty Spouse or Dependent? Yes No **Job Injury/Workers Compensation?** Yes No

Veterans: Are you a veteran or eligible person? Yes No

If yes, please answer the following:

- Campaign (Badge) **Veteran** Other Eligible **Veteran** Eligible **Person** (Spouse, etc.)

Disabled Veterans: 30% or more disabled 20% or less Disabled NOT Disabled

Branch of Military Service: _____ **Military Dates of Service:** From: ____/____/____ To: ____/____/____

mm / dd / yyyy mm / dd / yyyy

Military Pay Grade at separation/retirement: _____ **Military Job Specialty:** _____

Employment Experience:

Last Employer:	Dates:	Hourly Rate:	Briefly Describe Work Performed:
City:	From:	Starting Pay:	
State:	To:	Final:	
Reason for Leaving:			
Last Employer:	Dates:	Hourly Rate:	Briefly Describe Work Performed:
City:	From:	Starting Pay:	
State:	To:	Final:	
Reason for Leaving:			

Under The Applicable Provisions Of The Privacy Act Of 1974, I hereby certify, that I have not withheld any information that could affect the services that I may receive through the CareerSource Escarosa and that, to the best of my knowledge, all of the above information is true and correct. I understand any willful misstatement of facts may cause forfeiture of program eligibility and that false information related to my efforts to receive Unemployment Compensation may be subject to penalties under Florida law. I also understand that the above information is subject to verification, and will be handled by Workforce Escarosa, staff as "Confidential", and may be shared with other partners and/or federal, state, and/or local government/non-government agency/organizations on a strict "need to know" basis. I agree to provide any additional documentation that may be required to assess my needs relevant to CareerSource Escarosa /partner program services.

Client Signature _____ **Date** _____ **Parent Signature (if appropriate)** _____ **Date** _____

*Under the Americans with Disabilities Act, the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know your disability needs in advance if at all possible. Please contact your local CareerSource Escarosa One-Stop Center. **Equal Opportunity Employer/Program***



**WIOA Applicant Authorization
to Request and/or Release Information**

Applicant Name

I hereby authorize CareerSource Escarosa and/or its WIOA Program Service Providers to request and release information pertaining to my records/reports, which is relevant to my participation in the CareerSource Escarosa WIOA Programs and/or follow-on employment. I understand that this authorization may pertain to one or more of the following organizations.

Division of Vocational Rehabilitation
Department of Children and Families
Division of Workers Compensation
Division of Unemployment Compensation
School(s) (e.g., primary, secondary, university, college, vocational institutions)
Hospital(s), Clinic(s), Physician(s)
Lakeview Center
Law Enforcement Agencies
Past/Prospective Employer(s)
Other: _____

I understand that:

- CareerSource Escarosa and/or its WIOA service providers will request and/or release information only to assist them with determining appropriate training activities and supportive services or to assist me with obtaining unsubsidized employment after I complete my training/job search activities;
- Information collected will be shared only upon request from authorized entities and then only on a strict need-to-know basis;
- In accordance with state and federal laws, information may be provided to state and federal auditors, monitors, and agents;
- CareerSource Escarosa or the WIOA service provider will record each occasion of a request/release in my WIOA file, documenting the date, other entity(ies) involved, and type of information requested/released;
- I may make an appointment with my WIOA point-of-contact to review those occasions;
- All information will remain confidential within all authorized agencies.

Finally, I understand that this signed authorization remains in effect through the thirteenth month after my WIOA file is close or my WIOA eligibility expires.

Information Requested: _____

Applicant Signature & Date

Parent/Legal Guardian Signature & Date

Certifying Official Signature & Date



Partner Agency/Organization

Statement of Purpose for Collecting Social Security Numbers

Applicant Name: _____

House Bill 673 [s. 119.072(9) F.S.] requires agencies collecting social security numbers to provide customers/program participants with a written **Statement of Purposes** for such collection. To ensure confidentiality of the participant's records, CareerSource partner staff **will not provide participant social security numbers** to persons, agencies, and organizations outside the Local Workforce Development Board #1 (LWDB1), CareerSource Escarosa umbrella. This restriction includes private vendors. On the rarest of occasions, staff may find a need to provide private social security numbers to specific vendors. Before doing so, however, staff must obtain a written **Statement of Purposes** from the person or entity requesting the social security number, a signed Release of Information from customer/participant, and advance approval to release the social security number(s) from the CareerSource Escarosa Executive Director or Chief Operations Officer.

I understand that the CareerSource Escarosa partner staff requires the social security number(s) to:

- Register customers/participants with our One-Stop Career Centers
- Coordinate services with other LWDB 1 CareerSource Escarosa agencies, organizations, and entities.
- Assess customers for program eligibility an services
- Enroll participants into specific programs
- Provide and record program services
- Track participants activity outcomes
- Measure CareerSource Escarosa performance standards
- Support Federal/State customer service survey requirements.

CareerSource Escarosa partner staff with treat all participant information as CONFIDENTIAL. This Statement of Purposes will be attached to the customer/participants One-Stop Universal Application/Registration Form and placed in the participant's file. *A copy should also be given to the customer/participant.*

Customer/Participant Signature

Date

CareerSource Escarosa Staff Signature

Date



Date: _____

Verification of Educational Background

I, _____, hereby affirm that to the best of my knowledge and belief, the following information regarding my educational background is true.

HIGHSCHOOL**GED**

Institution:			Institution:		
Address:			Address:		
City:	State/Zip:	County:	City:	State/Zip:	County:
Graduated? Yes _____ No _____ If NO, highest grade completed: _____			Completed? Yes _____ No _____ If NO, highest grade completed: _____		

VOCATIONAL/TECHNICAL**COLLEGE**

Institution:			Institution:		
Address:			Address:		
City:	State/Zip:	County:	City:	State/Zip:	County:
Completed: Yes _____ No _____ If NO, number of training hours completed? _____ Training Program: _____ Certificate/Licensing Area(s): _____			Completed: Yes _____ No _____ If NO, number of training hours completed? _____ Training Program: _____ Certificate/Licensing Area(s): _____		

COLLEGE**OTHER**

Institution:			Institution:		
Address:			Address:		
City:	State/Zip:	County:	City:	State/Zip:	County:
Completed: Yes _____ No _____ GPA: _____ If NO, number of hours completed? _____ Major/Degree: _____			Completed: Yes _____ No _____ GPA: _____ If NO, number of hours completed? _____ Major/Degree: _____		

I UNDERSTAND THAT THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION. I AGREE THAT OUTSIDE SOURCES MAY BE CONTACTED AND I GIVE MY PERMISSION FOR DISCLOSURE OF SUCH INFORMATION TO THE CAREERSOURCE ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

SIGNED: _____

DATE: _____



Workforce Innovation and Opportunity Act (WIOA)
VERIFICATION OF HOUSEHOLD SIZE

The term "family" means two or more persons related by blood, marriage, or Decree of Court, who are living in a single residence, and included in on or more of the following categories:

- a.) Husband, Wife and Dependent Children
b.) A Parent or Guardian and Dependent Children
c.) A Husband and Wife

Applicant Name: _____ Social Security Number: _____

Address: _____
Street City State ZIP

Table with 4 columns: Name of Family Member, Age, Relationship, Social Security Number. Rows 1-10.

CERTIFICATION STATEMENT:

Disclosure of your social security number and that of your family household is voluntary. It is requested however, pursuant to section 119.071(5)(a). Florida Statutes for the administration of WIOA programs, and will be used in assessing and reporting program performance and accountability to the federal government.

Applicant/Head-of-Household Signature

Date



Workforce Innovation and Opportunity Act (WIOA) ADULT & DISLOCATED PROGRAMS OCCUPATIONAL SKILLS TRAINING AGREEMENT

This agreement outlines policies, guidelines and rules concerning your participation in the WIOA Adult or Dislocated Worker funded Occupational Skills Training (OST) Program. Be sure to read this document thoroughly and ask your WIOA Career Advisor for clarification as needed. Failure to comply fully with this agreement may result in your termination from Workforce Escarosa training program.

1. WIOA-funded OST will not normally exceed two years in duration. Upon successful completion of training in the occupational area as agreed to by CareerSource Escarosa, you agree to seek and obtain employment in a training related field.
2. To qualify/remain qualified for WIOA assistance, you must:
 - a. Agree to participate in a CareerSource Escarosa approved training program; .
 - b. Sign a WIOA "School Information Release" form authorizing the educational institution to share attendance records, grades, and student aid information with WIOA staff;
 - c. Have your training schedules pre-approved by your WIOA Career Advisor prior to registering for classes each term/semester;
 - d. Obtain written referrals to the on-campus representative (e.g., financial aid office, registration counselors, book store, etc.) from your WIOA Career Advisor prior to making those visits/conducting such business;
 - e. Satisfy all school prerequisites (e.g., academic requirements, first time/initial enrollment fees, if applied by the institution) and properly register for all WIOA Career Advisor approved classes prior to each term/semester;
 - f. Start and attend all classroom training in accordance with institution schedules, procedures, and policies;
 - g. Attend classes full time (i.e., at least 9 credit hours per term (college) or minimum 20 clock hours per week (vocational training center). Exceptions must be pre-approved by your WIOA Career Advisor;
 - h. Maintain a minimum 2.0 ("C") Grade Point Average throughout your training;
 - i. Complete and submit monthly WIOA Class Attendance Reports to your WIOA Career Advisor in a timely manner; and
 - j. Maintain minimum monthly contacts with your WIOA Career Advisor via office visits', email and/or telephone communications, keeping him/her apprised of your academic progress and personal situation and assisting with federal, state, and local WIOA administrative requirements.

FAILURE TO COMPLY WITH THIS MAY RESULT IN TERMINATION FROM THE WIOA PROGRAM.
3. All WIOA sponsored participants enrolling into/attending long term OST programs (six months or longer) must apply for PELL Grants each academic year. If you are eligible for the PELL Grant, these funds may be used to apply toward any tuition or books not covered by WIOA or may be used to assist you with living expenses while attending training. Your Career Advisor will discuss your financial needs with you to determine how PELL funds will be best used to support your training activity.
4. CareerSource Escarosa OST funding will be applied through an Individual Training Account (ITA) voucher. The maximum value of a Workforce Escarosa ITA voucher will be established by the Workforce Development Board of Directors for Region I (Escambia and Santa Rosa Counties, Florida). ITA vouchers are issued to WIOA participants enrolling into pre-approved OST programs. Participants present their ITA vouchers to educational institutions. The educational institution collects actual tuition fees and book costs via vouchers. ITA transactions are between CareerSource Escarosa and authorized educational institutions. ITA's do not provide cash to participants. Unspent ITA dollars remain with Workforce Escarosa.

5. Withdrawal from more than two classes is prohibited, unless warranted by extenuating circumstances and pre-approved by your WIOA Career Advisor. WIOA will pay tuition for a course **only once**. Should you decide to withdraw, drop out of, or not complete a course, you must advise your WIOA Career Advisor as far in advance as possible and be prepared to accept full responsibility for tuition and other expenses related to retaking those classes anytime thereafter.
6. CareerSource Escarosa does not pay in advance for state board examinations, certifications, or licensing. If any of these are required before you can work in a training occupational area, you must first successfully meet the requirement and then provide a copy of the results (test scores, certificate or license) and a copy of your receipt for payment to your WIOA Career Advisor for reimbursement.
7. WIOA may purchase training related items (i.e., tools, kits, supplies, uniforms) for use in the classroom. Items purchased under WIOA remain the property of CareerSource Escarosa until you complete the training program and obtain unsubsidized employment in the occupational area relating to your training program. **If you do not successfully complete the training, you agree to return those items to your WIOA Career Advisor within 30 days from the date you drop out of or withdraw from training.** Furthermore, you accept full responsibility for replacing all broken, lost, or stolen items, and **--in the event that you fail to adhere to this portion of the agreement -- understand that Workforce Escarosa may take any/all measures necessary to recover its property.**
8. WIOA Career Advisors must pre-approve all training related purchases. CareerSource Escarosa may contribute a maximum of \$1,500.00 toward training related items/materials that are documented by the educational institution as required by all students enrolled in a specific training program. You are responsible for any/all costs exceeding this amount.
9. CareerSource Escarosa will discontinue funding of your training program if you do not meet attendance and grade requirements; are placed on academic warning, probation or suspension by the training institution; and/or if you fail to meet any/all of the requirements as outlined in this agreement.
10. If you are being served under CareerSource Escarosa Dislocated Worker program and find it necessary to accept **temporary employment** while you are participating in WIOA activities, you must sign a "Dislocated Worker Employment during WIOA funded Training Agreement" form before you begin such employment. **Also, please note:** If you are called back to work by the company/employer from which you were laid off, **BY LAW**, you will no longer be eligible for WIOA services.
11. All services to be provided by CareerSource Escarosa must be approved in writing by CareerSource Escarosa staff prior to rendering of services. WIOA services include any and all items required for training and/or employment. CareerSource Escarosa reserves the right to decide which items and services will be supplied by WIOA. CareerSource Escarosa will not be responsible for payment of item/services rendered if the item/services were not pre-approved in writing by the appropriate CareerSource Escarosa staff and documented to the vendor before the purchase/receipt of the items/services.
12. Continuation of WIOA services in support of your training is not fully guaranteed. WIOA support is contingent upon U.S Department of Labor, and the Florida Agency for Workforce Innovation's continued receipt of federal funds and the allocation of those funds to CareerSource Escarosa. Services are also contingent upon CareerSource Escarosa's local policies/guidelines.

I, _____, **acknowledge that I have read, fully understand, and completely accept the conditions of this Occupational Skills Training Agreement.**

WIOA Participants Signature

Date

CareerSource Escarosa Career Advisor Signature

Date



POLICY STATEMENT ON SEXUAL HARASSMENT

CareerSource Escarosa respects every individual's right to be free from uninvited verbal or physical conduct of a sexual nature. The Federal Equal Employment Opportunity Commission (EEOC) guidelines and the Department of Management Services' administrative rule defines sexual harassment as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature from any person when:

- Submission to such conduct is either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual;
- Such condition has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment includes unwelcome verbal behavior such as comments, suggestions, jokes, or derogatory remarks based on sex; physical behavior such as pats, squeezes, repeatedly brushing against someone's body, or impeding or blocking normal work or movement; visual harassment such as posting of sexually suggestive or derogatory pictures, cartoons or drawings, even at one's own work station; unwanted sexual advances, pressure for sexual favors and/or basing employment decisions (such as an associate's performance evaluation, work assignments or advancement) upon the associate's acquiescence to sexually harassing behavior.

Title IX of the Education Amendments of 1972 extends protection under federal law to participants in educational and training programs receiving federal financial assistance. Escarosa policy classifies sexual harassment as conduct unbecoming an Escarosa employee, and employees who violate the policy are subject to disciplinary action.

Escarosa will protect all employees, to the extent possible, from harassment in the workplace, and ensure that customers of Escarosa receive the services they need absent of verbal or physical harassment. Escarosa will exercise zero tolerance for sexual harassment, and all reported allegations of inappropriate conduct will be promptly and thoroughly investigated.

12.06.2017
DATE


Executive Director

Workforce Innovation and Opportunity Act (WIOA) Trade Adjustment Act (TAA), Welfare Transition (WT/TANF) and Wagner-Peyser (WP) Program participants and other interested parties (e.g., contractors, One-Stop partners, One-Stop operators, and employers) affected by decision or actions of the local workforce system have a right to file grievances/complaints with the local area Workforce Board. The grievance/complaint should be filed with CareerSource Escarosa, in accordance with the below listed procedures. In the event you submit a grievance/complaint not under the authority of CareerSource Escarosa, CareerSource Escarosa will notify you within 5 working days from the receipt of the grievance/complaint of the relevant agency responsible for the grievance/complaint.

Sexual Harassment Policy

An individual or entity desiring a copy of the CareerSource Escarosa Sexual Harassment Policy should write or call CareerSource Escarosa, 3670 North L Street, 2A, 2nd Floor, Pensacola, FL 32505; telephone number (850) 473-0939.

Criminal Fraud and Abuse

The procedures for reporting such incidents and instructions for completing the incident reporting form can be found at the following web site: http://www.floridajobs.org/forms/inspec_gen/complaint_assessment.doc. The form should be completed and mailed to: **USDOL Office of Inspector General**

Office of Investigations, Room S5514
200 Constitution Avenue NW, Washington, D.C. 20210

or to: **USDOL South East Regional Inspector General for Investigations**
Office of Investigations, Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 6T1,
Atlanta, Georgia 30303

Reports or complaints alleging fraud and abuse may also be reported through the USDOL Hotline at 1-800-347-3756.

Reporting Discrimination Complaints

Forms for filing discrimination complaints can be found at the following website:
<http://www.floridajobs.org/civilrights/docs/Complaint%20form.docx>

You may file a discrimination complaint by completing the Complaint Information Form found at the above referenced website or by sending information listed on form in writing as directed below:

WIOA/TAA complaints may be filed with CareerSource Escarosa's Equal Opportunity Officer or the U.S. Department of Labor's Civil Rights Center, with a copy mailed to the Department of Economic Opportunity and EEOC Tampa Area Office.

CareerSource Escarosa
or Attn: Mrs. Janay Sims
3670 North L Street
2A, Second Floor
Pensacola, FL 32505

U.S. Department of Labor
Civil Rights Center
200 Constitution Avenue, N.W., Room N-4123
Washington, DC 20210

Department of Economic Opportunity and
Office for Civil Rights, MSC 150 107
East Madison Street, Tallahassee, FL
32399-4129

and

Equal Employment Opportunity Commission (EEOC)
Tampa Area Office
501 East Polk Street, Suite 100
Tampa, FL 33602
813-228-2310 or TTY 813-228-2003

WT complaints may be filed with the U. S. Department of Health and Human Services, with a copy mailed to the Department of Economic Opportunity and EEOC Tampa Area Office (see addresses above). You can file electronically at the following address: civic.rights@deo.myflorida.com.

U. S. Department of Health and Human Services
Office of Civil Rights, Inspector General
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 3B70
Atlanta, GA 30303

WP complaints may be filed with the CareerSource Escarosa's Equal Opportunity Officer or the U.S. Department of Labor, Civic Rights Center (see addresses above).

You may contact **The Florida Commission on Human Relations, 4075 Esplanade Way, Room 110, Tallahassee, FL 32399, (850) 488-7082** to file a discrimination complaint within 365 days from date of the alleged violation.

Sight and speech impaired persons filing a complaint should call the Florida Relay System at 1-800-955-8771 (TTY) or 1-800-955-8770 for voice assistance.

Filing a Grievance/Complaint and request for Hearing/Appeal with CareerSource Escarosa

An **WIOA/TAA/WT** individual or entity, adversely affected by an CareerSource Escarosa action, to include but not limited to: displacement of employee; denial or termination as a **WIOA** training provider; denial of eligibility as a **WIOA OJT** or customized training provider; participant sanctioned for using controlled substances; termination of program eligibility or sanctioning for non-compliance with work activities, may submit a Grievance/Complaint or hearing request. Submissions should be concise and clearly written or typed; state the facts, laws, procedures, etc. that the grievant/complainant believes to be relevant for review; and must include a legible address where official notices may be mailed to the grievant/complainant.

For Hearing Request, include the words **REQUEST FOR A HEARING** at the top of the first page in capital letters; and specifically state the type of violation and nature of the action that is the subject of the grievance. The grievance shall be no longer than five pages (exhibits and attachments are not included in the five-page limit) and submitted to CareerSource Escarosa, Executive Director, 3670-A North L Street, Pensacola, FL 32505. If possible CareerSource Escarosa will attempt to resolve the grievance/complaint informally. If the matter cannot be resolved informally, CareerSource Escarosa must establish a hearing date, complete the hearing and issue a decision within a 60-calendar day time frame from the date the grievance/complaint was filed. When the matter is not resolved informally, you will be notified by certified mail return receipt at least 15 calendar days prior to the hearing. The written hearing notice will include: hearing procedures, date, time, and place of the hearing; pertinent sections of the **WIOA, WT**, and any federal regulations involved. Affected parties may be represented at the hearing by an attorney or other representative, and may present witnesses or documentary evidence at the hearing. The parties will receive a written decision of the hearing within **30 calendar days** after the hearing by certified mail return receipt requested. Individuals alleging a labor standards violation may submit the grievance/complaint to binding arbitration procedure if the affected parties are covered by a collective bargaining agreement.

WP participants may file discrimination complaints against the Florida Department of Economic Opportunity (DEO) or its employees of complaints alleging discrimination by an employer. Special handling procedures are required for complaints filed by Migrant and Seasonal Farm Workers (MSFW). CareerSource Escarosa shall attempt to resolve the MSFW complaint. If the MSFW complaints cannot be resolved within five working days of receipt of complaint by CareerSource Escarosa, the complaint form and copies of all documents in the complaint file are forwarded to the Florida Department of Economic Opportunity (DEO), Monitor Advocate Office, MSC 150, 107 East Madison St, Tallahassee, FL 32399-4133. Attention: Senior Monitor Advocate.

***Note:** Individuals with a disability needing special accommodations shall call CareerSource Escarosa at (850) 473-0939 or fax at (850) 473-0935 at least five working days prior to the hearing and state what special accommodation requirements are needed in order to participate in the hearing.

Right to Appeal

An individual, or entity, adversely affected by CareerSource Escarosa actions or decisions can file an appeal with the State WIOA/TAA Administrative entity. An appeal may be made to the federal level (USDOL) if the state has not conducted a hearing or made a decision regarding the grievance/complaint **within the mandated 60-calendar day timeframe**, or if either party is dissatisfied with the state hearing decision. If the DEO Administrative Entity in conjunction with State Board staff determines that a grievance/complaint filed at the State level should have been decided at the local level, then the grievance/complaint may be remanded back to CareerSource Escarosa.

Filing a Grievance/Complaint and request for Hearing/Appeal at the State Level

Because of the many types of grievances/complaints and level of hearing/appeals allowed under WIOA/TAA/WT regulations, DEO staff working in conjunction with the State Board staff will be responsible for reviewing and determining the appropriate processing of requests/appeals filed at the State level. The following procedures should be followed when filing a grievance/complaint and/or requesting a hearing/appeal regarding a CareerSource Escarosa decision. The request and/or grievance /complaint for a hearing appeal should be clearly identified at top of the first page, i.e., REQUEST FOR HEARING. The written hearing request should not exceed five pages (not including attachments) and should state the facts, procedures, etc. that the grievant/complainant believes to be relevant for review and, if applicable, shall include any written decision made by CareerSource Escarosa and an address where official notices may be mailed to the grievant/complainant. The request shall be sent by certified mail return receipt to DEO, Office of General Counsel, MSC 150, 107 East Madison Street, Tallahassee, FL, 32399-4128. The grievant/complainant and CareerSource Escarosa will be contacted at least 5 working days of receipt of the complaint to attempt an informal resolution. If informal methods do not resolve the issue, then a hearing will be scheduled. The complainant/ grievant will be notified of the specific procedures for the hearing and will receive a decision within 60 calendar days from receipt.

State and Federal Level Appeal Process

If DEO has not reached a decision on the appeal of a local decision or the grievant disagrees with the decision, the grievant/complainant can file an appeal to USDOL no later than 60 calendar days of receipt of the decision being appealed. That request is submitted by certified mail, return receipt to Secretary USDOL, Attention: ASET, Washington, D.C. 20210. A copy of the appeal must be simultaneously provided to DEO (address above). Actions that may not be appealed to USDOL include: sanctions applied at the local level for using a controlled substance; sanction for non-compliance with work activities; or denial of eligibility as a WIOA/TAA training provider. WP states that non-ES related complaints (employment, discrimination, health and safety, etc.) must be forwarded as soon as possible after being received, to DEO, Office of General Counsel, MSC 150, 107 East Madison St, Tallahassee, FL, 32399-4128, or to the appropriate federal agency with a copy of the complaint sent to DEO Office of General Counsel. If the WP complaint is not resolved within 15 working days, then the complaint and associated file documents are forwarded to the DEO, Office of One-Stop and Program Support, MSC 105, 107 East Madison St, Tallahassee FL 32399-4133, Attention: ES Complaint Coordinator.

I certify that I have read and understand my rights and responsibilities as enumerated above.

Participant/Service Provider/ Employee/ Employer or Other Signature & Date

As a representative of CareerSource Escarosa, I verify that the above-signed individual has read the Grievance Hearing/Appeal Procedures and has indicated an understanding of it.

CareerSource Escarosa Representative Signature & Date

Equal Opportunity Is the Law
(29 CFR 37.30)

It is against the law for this recipient of Federal financial assistance 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
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (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 a program or activity; or
- Making employment decisions in 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 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 either CareerSource Escarosa's Equal Opportunity Officer or the U.S. Department of Labor's Civil Rights Center:

CareerSource Escarosa
or Attn: Mrs. Janay Sims
3670 North L Street
2A, 2nd Floor
Pensacola, FL 32505

U.S. Department of Labor
Civil Rights Center (CRC)
200 Constitution Avenue, N.W., Room N-4123
Washington, DC 20210

Forms for filing discrimination complaints can be found at the following website:

<http://www.floridajobs.org/civilrights/docs/Complaint%20form.docx>

Send completed form (Complaint Information Form) or information listed on form in writing to the agency you wish to file your complaint.

If you file your complaint with CareerSource Escarosa, you must wait either until they issue 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 CareerSource Escarosa 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 them 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 CareerSource Escarosa).

If CareerSource Escarosa does give 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.

You may contact **The Florida Commission on Human Relations, 4075 Esplanade Way, Room 110, Tallahassee, FL 32399, (850) 488-7082** to file a discrimination complaint within 365 days from date of the alleged violation.

I hereby acknowledge that I have read and received a copy of the Equal Opportunity Is the Law Notice.

Signature

Date



FINANCIAL STATEMENT

Participant Name: _____

Address: _____

Telephone: _____

MONTHLY EXPENSES:

\$ AMOUNT:

Rent/Mortgage Payment

Mortgage Insurance

Electricity Bill (Average)

Gas (Average)

Water/Sewage (Average)

Garbage Collection

Telephone (Average)

Cellular Telephone (Average)

Cable Bill (Average)

Vehicle Payment(s)

Vehicle Insurance

Life Insurance

Credit Card Payments

Loans (Other than Mortgage)

Child Support/Alimony

Medical Expenses (hospital bills/prescriptions)

Child Care/Day Care

Food/Household Supplies

Entertainment

Gasoline (Automobile)

Other Personal/Family Expenses

Specify with subtotals:

Other Expenses (Specify):

TOTAL EXPENSES:

MONTHLY INCOME:

\$ AMOUNT:

Employment earnings
Unemployment Compensation
Worker's Compensation
Social Security
Pell Grant/Other Grants
Specify with subtotals:

Child Support/Alimony
Public Assistance (e.g., TANF)
Food Stamps
Other (Specify):

Total Income:

COMPUTATION:

\$ AMOUNT:

Total Income
Total Expenses
Total Remainder

Applicant Comment:

Staff Comment/Assessment:

Applicant Signature

Date

Staff Signature

Date



Acknowledgements:

I have worked with my WIOA Career Advisor to identify my employment goals and to plan activities to help me re-enter the workforce. I agree to complete all activities and responsibilities outlined in my employment goal. If I have a problem with my activity, it is my responsibility to notify my WIOA Career Advisor within 3-5 business days.

By signing below, I acknowledge that my opportunities and obligations as a participant of the WIOA Program have been explained to me.

Participant: _____

Signature: _____

Date: _____

As the WIOA Career Advisor, I will assist the WIOA Participant identified above in planning the needed activities (to the extent that funds and services are available). I will monitor progress and attendance in assigned activities, will provide regular feedback, and provide employment counseling when necessary.

WIOA Career Advisor: _____

Phone Number: _____

Signature: _____

Date: _____

****THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION AND IS PROTECTED BY LAW. IT IS INTENDED FOR USE BY AUTHORIZED USERS ONLY AND WILL BE KEPT AS PART OF PARTICIPANT'S RECORDS. IT IS NOT FOR PUBLIC DISSEMINATION****



APPOINTMENT FOR WICA ELIGIBILITY INTERVIEW

Customer Name: _____

Staff Contact: _____

Please be sure to bring all items marked with a check below to your **scheduled** appointment.

SOCIAL SECURITY NUMBER:

- Social Security Card
- Social Security Benefits
- DD214
- W2 Form
- IRS Form
- Social Security Letter
- Public Assistance Doc.

MAILING ADDRESS:

- Driver's License
- State ID
- Agency Document
- Landlord Statement
- Rent Receipt
- Utility Bill
- Postmarked Mail

CITIZENSHIP/ALIEN STATUS:

- Birth Certificate
- Passport
- Public Assistance Record
- INS Document

BIRTHDATE/AGE:

- Birth Certificate
- Driver's License
- Government ID Card

VETERAN STATUS:

- DD-214, Page 4

PUBLIC ASSISTANCE:

- DCF Letter/Notice
- TANF Statement
- SNAP Letter (*formerly known as Food Stamps*)

FAMILY INCOME:

- LES (Military)
- Paystubs
- Unemployment Comp.
- P.A. Document

HOMELESS:

- Shelter Statement
- Agency Statement
- Temporary Residence Document

DISABILITY:

- Doctor's Statement
- VA Letter
- Agency Letter
- W.C. Statement



WIOA INDIVIDUAL RESPONSIBILITY PLAN

Name: _____ SSN: _____ Date: _____

WIOA Career Advisor: _____

Do you have a High School Diploma?

- YES
- NO

Have you completed any college?

- YES
- NO

Do you have any vocational certifications?

- YES
- NO

What is your employment plan or goal?

What are you interested in pursuing this occupational employment?

Did you use an assessment tool in reaching this decision? _____

Do you think an assessment tool would be beneficial to you?

- YES
- NO

Which of your current skills and abilities can be transferred to your employment goal(s)?

What are your strengths? _____

What are your weaknesses? _____

If your employment goal requires additional skills, knowledge and abilities; how do you plan to obtain them?

While preparing for your employment goal(s), will you need work? _____

If yes, what type of work?

- Full-time
- Part-time

If no, what is the duration of time you anticipate not working? _____

What is the minimum salary you will accept? _____

Have you researched the salary range of your employment goal in the local economy? _____

Do you plan to relocate?

- YES *Where? _____
- NO

If necessary, would you relocate to obtain employment?

- YES
- NO

How far are you willing to commute from your current location? _____

Do you have a valid Driver's License issued by the State of Florida?

- YES
- NO

If NO, is this preventing you from successfully obtaining employment?

- YES
- NO

Do you currently have reliable transportation?

- YES
- NO

Do you need assistance creating or updating your resume?

- YES
- NO

Do you have a criminal record?

- YES
- NO

If YES, please explain the nature of your crime: _____

Are you interested in the Federal Bonding Program?

- YES
- NO



**PARTICIPANT ATTENDANCE RECORD
WORKFORCE INVESTMENT AND OPPORTUNITY ACT**

NOTE: You are required to turn in attendance forms MONTHLY failure to comply with this requirement may result in termination from the WIOA Program. You must maintain minimum monthly contacts with your WIOA Career Advisor via office visits, e mail, and/or telephone communication, keeping him/her apprised of your academic progress and personal situation and assisting with federal, state and local WIOA administrative requirements.

Student: _____

Last 4 of SSN: _____

Program Location: _____

Career Manager: _____

Report Month: _____

*Attendance Key: **N/A = Not applicable** **A=Absent** **P=Present** **H=Holiday**

SUN	MON	TUE	WED	THU	FRI	SAT

- | | |
|--|----------|
| Has it been more than 30 days since you talked with your Career Manager? | No / Yes |
| Have you changed your address/telephone number since last contact? | No / Yes |
| Are you having difficulties that could negatively affect your studies? | No / Yes |
| Are you about to complete a training related activity or graduate? | No / Yes |
| Have you located employment? | No / Yes |
| If you answer yes to any of the above contact your Career Manager immediately: | |

I verify that the above is a true record of my attendance.

_____ Student Signature	_____ Date
_____ Instructor Verification	_____ Date
_____ Instructor Verification	_____ Date
_____ Instructor Verification	_____ Date

Classes	Times



Steps needed to meet my employment goal(s) (Read & Sign by 9/11/18)

1. Submit monthly attendance forms Initial: _____

2. Maintain a minimum overall 2.0 GPA Initial: _____

3. Maintain monthly contact with Career Advisor, including changes in phone, email, and address Initial: _____

4. Complete training program and provide Career Advisor with proof of completion (e.g., Diploma, certificate, transcript) Initial: _____

5. Inform Career Advisor when employed, including start date, pay rate, and point of contact for employment verification. Initial: _____

6. Cooperate with Career Advisor in completing all required quarterly follow-ups after employment. Initial: _____



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

School Information Release Authorization

By signing this form, I _____ authorize the educational institution identified below to release any and all information pertaining to my education records to a representative of CareerSource Escarosa upon request.

Such information includes:

- a.) Class attendance records
- b.) Class grade(s)
- c.) Financial reports
- d.) PELL Grant Needs-Analysis Reports
- e.) Student Aid reports
- f.) Other educational information as required

This authorization remains in effect for the extent of my participation in WIOA sponsored training.

EDUCATIONAL INSTITUTION: _____

MY TRAINING PROGRAM: _____

DATES OF ENROLLMENT: _____

STUDENT NAME: _____

LAST 4 DIGITS OF SSN: _____

WIOA Participant Signature _____ **Date:** _____



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

I, _____, acknowledge that by not submitting the classroom attendance forms required (monthly), that financial support for my training program may be withdrawn by WIOA.

Participant Signature: _____

Date: _____



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

In order to be eligible for services under the
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA):

You must apply for a *PELL Grant each year.

**Exceptions: Individuals with a Bachelor's Degree and/or individuals enrolled in a training program that is less than nine (9) months.*

By signing below you are indicating that you have received information and:

1.) You have applied for a PELL Grant

OR

2.) Are in the process of applying for the PELL Grant.

Please Print Name: _____

Signature: _____ Date: _____



WIOA EMPLOYMENT DURING TRAINING AGREEMENT

Due to financial hardship, I have found it necessary to accept temporary employment during the period of time that I am attending WIOA sponsored Occupation Skills Training.

Upon completion of my training, I fully understand that I am required to seek and obtain employment within the area trained.

I agree that this temporary employment will not interfere with WIOA sponsored training.

Customer Signature: _____

Date: _____

Career Advisor: _____

Date: _____