



Gadsden: (850) 875-4040
 Leon: (850) 922-0023
 Wakulla: (850) 926-0980
 Executive Center: (850) 414-6085
 Toll Free: (844) CAREER1

PROGRAM PRE-APPLICATION

Please complete in ink and print.

Name			
	Last	First	Middle initial
Social Security #	— —	Date of Birth	/ /
Address			
E-mail Address		County	<input type="checkbox"/> Gadsden <input type="checkbox"/> Leon <input type="checkbox"/> Wakulla
Home Phone		Alternate Contact Number	
Most Recent Employer		Highest Grade Completed	
List Area of Career Interest			

Answer Yes or No to the following questions.	
Are you a veteran who has served at least 180 days on active duty or a spouse of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen or Naturalized Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered with Selective Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a recipient of reemployment assistance benefits (unemployment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been unemployed for 6 out of the past 13 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have received public assistance within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your ability to work/make wages been negatively impacted by Hurricane Michael? (*Temporarily/permanently laid off as a consequence of the disaster)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability or handicap that hinders your ability to work or find suitable employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in training, retraining or entrepreneurial training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an English Language Learner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify, to the best of my knowledge, the above information is true. I also understand that the above information is subject to verification, and will be handled by CareerSource Capital Region staff as "Confidential" and may be shared with other partners and/or federal, state and/or local government/non-government agencies or 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 Capital Region/partner program services.

Applicant Signature: _____

Date: _____ / _____ / _____

An equal opportunity employer/program. Auxiliary aids and services available upon request to individuals with disabilities. Persons using TTY/TTD equipment use Florida Relay Service 711.

Disclosure of your social security number is voluntary. It is requested however, pursuant to Privacy Act of 1974. Social security numbers will be used by CareerSource Capital Region for the sole purpose of system review to determine our overall level of efficiency.