



# Florida TRADE in Advanced Manufacturing

## Participant Application (Revised 12/9/13)

**Please Print**

### PARTICIPANT DETAILS

<b>Last Name:</b>	<b>First:</b>	<b>MI:</b>	<b>Phone:</b> -----	<b>Social Security #:</b>
			<b>Email:</b> -----	
<b>Primary Address:</b> -----			<b>State:</b> -----	<b>Driver's License #:</b>
<b>City:</b>	<b>County:</b>		<b>Zip:</b>	

### DEMOGRAPHIC & GENERAL INFORMATION

<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other _____
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Haitian <input type="checkbox"/> No Ethnicity		
<b>Citizenship Status:</b> <input type="checkbox"/> U. S. Citizenship <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Lawfully admitted alien with right to work		<b>Limited English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Selective Service:</b> (for males born on or after 1/1/1960) <input type="checkbox"/> Registered <input type="checkbox"/> Not registered <input type="checkbox"/> Not applicable		<b>Do you consider yourself to have a disability?</b> <input type="checkbox"/> No disability <input type="checkbox"/> Yes, disabled <b>Are you willing to relocate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you willing to participate in an internship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### GENERAL INFORMATION

**VETERAN STATUS: Have you served in the U.S. Military, Naval or Air Service?** :  No  Yes, under 180 days  Yes, over 180 days  No

Are you a campaign veteran?  Yes Are you a recently separated veteran?  Yes **Branch:**  Army  Navy  Air Force  US Coast Guard  
 Marines  National Guard **Honorable or General Discharge?:**  Yes  No **Are you a disabled Veteran?**  Yes If Yes, classified at Special Disability(>30%)  Yes  No **Are you the spouse or dependent of a Veteran?**  Yes  No **Note:** as a Veteran, please provide a copy of your military form (DD214 Form). As the spouse or dependent of a Veteran, please provide a copy of your military id.

**EDUCATION STATUS: Enrolled currently in School:**  Yes  No **School Name:** \_\_\_\_\_ Program \_\_\_\_\_

Pell Eligible?  Yes  No Grad. Date \_\_\_\_\_ **Highest Grade Completed:**  GED  HS Diploma  Voc. Cert  AA/ AS Degree  
 BA/BS  Master's + Certification(s) Obtained \_\_\_\_\_

**Florida Ready to Work Credential Obtained:**  Yes  No

### PAID TRAINING & SUPPORT SERVICE ELIGIBILITY SCREENING:

ANSWERING THE FOLLOWING QUESTIONS WILL HELP DETERMINE WORKFORCE INVESTMENT ACT PAID TRAINING ELIGIBILITY

**HOUSEHOLD INFORMATION: Number in family (include both parents if applicable and any child under 18):** \_\_\_\_\_

**Are you married or single?**  Married  Single **Are you a single parent?**  Yes  No **Do you receive food stamps?**  Yes  No

**What is your annualized family income?** \$ \_\_\_\_\_

**Are you currently employed?**  Yes  No **Name of Employer** \_\_\_\_\_ **Hourly Wage Rate:** \$ \_\_\_\_\_

**Are you currently laid-off from your last job or receiving Unemployment?**  Yes  No

**Are you currently unemployed and not laid-off?**  Yes  No

**Are you currently eligible for Trade Adjustment Assistance benefits?**  Yes  No  Don't Know

**If between the ages of 18 – 21, are you currently participating in a Workforce Investment Act Youth Program?**  Yes  No  Don't Know

**TRAINEE (Attestation):**

I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. Information is being provided to establish eligibility for training and employment services under the \$15 million Trade Adjustment Assistance Community College and Career Training grant sponsored by the U.S. Department of Labor and is subject to all applicable Federal and State confidentiality laws. The EO data must be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure confidentiality.

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

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

Florida TRADE Colleges are equal opportunity employers. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.



## General Release of Information

Participant Name: \_\_\_\_\_ SSN (last 4 only): \_\_\_\_\_

I hereby give permission for Florida State College at Jacksonville (your institutional name) WorkSource (name of local workforce board) and St. Petersburg College to obtain and/or disclose my past, present, and future information or records that may be needed for eligibility determination, monitoring, internship placement, and follow-up purposes. This information may include, but shall not be limited to: school records, financial aid information, grade records, attendance records, employment information, medical records, public assistance records, employment information and vocational rehabilitation assessment or evaluation tools. A photocopy/facsimile of this signed consent form may be used to obtain/release information authorized by signature on this form.

It is also my understanding that any information obtained by the above organization will be held in strict confidence.

I understand that I may revoke this consent at any time by providing a written statement indicating that my consent to the release of information is no longer given to the party(ies) previously granted permission.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

If under 18 years of age, it is required to have a parent or legal guardian sign:

\_\_\_\_\_  
Parent/Guardian (Please print legibly)

\_\_\_\_\_  
Parent/Guardian signature

### Worker Rights under Federal Law

Americans with Disabilities Act	Ask for a Disability Navigator – located in the local workforce One Stop offices. The ADA information line: 800-514-0301 (voice) 800-514-0383 (TDD)
Fair Labor Standards Act	FLSA general information: (202) 606-1800 TTY: (202) 606-2582
Civil Rights Laws	State Contact: Jim Landsberg (850) 245-7167
Equal Pay Act	State Contact: Jim Landsberg (850) 245-7167

**\*PRIVACY ACT STATEMENT:** Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is **mandatory.** Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.