



Participant and Employer Profile-Employed/Incumbent Worker

EMPLOYER INFORMATION								
Employer:				Your Job Title:				
Date of Hire:				Current Hourly/Annual Wage:				
TRAINEE DETAILS								
Last Name:		First:		Middle I:	Phone:		Social Security #:	
Address:				City:		State:	Zip:	
DEMOGRAPHIC & GENERAL INFORMATION								
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Chinese				
Ethnicity: <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Not Hispanic Latino <input type="checkbox"/> Others				<input type="checkbox"/> Black or African American <input type="checkbox"/> Haitian <input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> White <input type="checkbox"/> Other		
Citizenship Status: <input type="checkbox"/> U. S. Citizenship or Naturalized Citizen				Limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Lawfully admitted alien or refugee with right to work. If so, Alien Registration # _____ Expiration Date: _____				Individual with a disability: <input type="checkbox"/> Impediment to employment <input type="checkbox"/> No disability <input type="checkbox"/> Yes, disabled				
GENERAL INFORMATION								
Have you served in the U.S. Military, Naval or Air Service? : <input type="checkbox"/> No <input type="checkbox"/> Yes, under 180 days <input type="checkbox"/> Yes, over 180 days								
Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> US Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard Honorable Discharge?: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Selective Service: (for males 18yrs or older) <input type="checkbox"/> Registered <input type="checkbox"/> Not registered <input type="checkbox"/> Not applicable								
Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Completed: __ <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> AA/ AS Degree <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> Master's +								
Number in family (include both parents if applicable and any child under 18): _____ Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No For entire family please provide total annual family income _____								

Participant/Employee:

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 under the Workforce Investment Act 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.”) I understand that I have the right to file a grievance with Career Central within one year from date of signing and grievance procedure is on file with my employer. I further understand I may file an EEO grievance within 180 days from date of alleged violation if I feel I have been the subject of discrimination. This procedure is also on file with my employer.

Employee Signature: _____ Date: _____

Employer:

Employer verifies it has a current I-9 form on file for the above named employee that verifies date of birth, American citizenship or right-to-work, and that this information is available for review on demand by Career Central and/or State of Florida Agency for Workforce Innovation. Employer further verifies training will enhance career advancement and promote or maintain self-sufficient earnings or that training is required for employee to retain employment.

Employer Signature: _____ Date: _____