

PINELLAS EX-OFFENDER RE-ENTRY COALITION

(P.E.R.C.) PROJECT ACCESS
PO Box 17558
CLEARWATER, FLORIDA 33762-0558

Applicant Name: _____ Marital Status: S M D W

Seeking Employment? Yes No Highest Education Level: _____ Degree? _____

Work Experiences: _____

Please list 3 Work Preferences: _____

Contacts:

Family Contact #1 _____ Relation: _____

Address: _____ Phone#: _____

City: _____ State: _____ Zip: _____

Family Contact #2: _____ Relation: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Additional Comments: _____

This Document has been filled out by myself: Yes No
This Document has been filed out by another: Yes No
(If 'another', our thanks to you for assisting with this request)

Name: _____

Signature: _____

Name of my Classification Officer: _____

Phone Number of Classification Department: _____

HAVE YOU EVER WORKED FOR P.R.I.D.E.? Y OR N

ARE YOU ELIGIBLE FOR SOCIAL SECURITY BENEFITS? Y OR N



OSMIS Application

Customer Registration

***(CC)** Social Security Number: _____
 E-Mail Address: _____
 Title: Dr. Miss Mr. Mrs. Ms. Rev.
 ***(CC)** First Name: _____
(CC) Middle Initial: _____
 ***(CC)** Last Name: _____
 Also Known As: _____
 Suffix: III Jr. Sr.
(CC) Primary Phone Number: _____
 Alternative Phone Number: _____
 Alternate Phone Type: Cell Work Pager Other
 ***(CC)** Current Address Line 1: _____
 Current Address Line 2 (House/ Apt. Number): _____
 ***(CC)** City: _____
 ***(CC)** State: _____ *County: Pinellas ***(CC)** Zip Code: _____

Mailing Address Line 1: _____
 Mailing Address Line 2 (House/ Apt. Number): _____
 City: _____
 State: FL County: Pinellas Zip Code: _____

Preferred Language for Communication: English Haitian Creole Spanish
 Preferred Mode for Correspondence: Alt. Phone In Person Mail Primary Phone
 Other

*Select County of in which you would like to receive services from a One Stop Center: Pinellas

*Select one Center from which to receive services: St Petersburg Gandy Clearwater

Demographic Information

* **(CC)** Date of Birth(mm/dd/yyyy): _____
 ***(CC)** Gender: Male Female
 ***(CC)** Race: American Indian or Alaskan Native Asian
 Black or African American Chinese Haitian
 White Native Hawaiian or Other Pacific Islander
 Multi-Racial Other
 Information Not Available
 Drivers License(class type): A B C D E F
 Occupational License: No Yes
 Occupational License Description: _____

Customer Name: _____

Social Security Number: _____

WIA Registration

*Application Status: Full Application

*(CC) Program Category: Adult Dislocated Worker
 Younger Youth Older Youth

*Date of Application(mm/dd/yyyy): _____

RWB Number: 12

Selective Service: Registered Not Registered Not Applicable

Citizenship: Lawfully Admitted Alien or Refugee
 US Citizen or Naturalized Citizen

*(CC) Individual with a Disability: Handicapped/Disabilities
 Impediment to Employment
 No Disabilities

*(CC) Currently Enrolled in School: No School Dropout Yes

(CC) Highest Education Level: _____

*(CC) Employment Status: Employed Not employed and not seeking employment Not employed and seeking employment
 Underemployed

(CC) Limited English: Yes No

Substance Abuse: Yes No

Lacks (poor) Work History: Yes No

Student at Risk Status: No
 No, not at risk and one or more grades behind
 Yes, at risk and one or more grades behind
 Yes, at risk of dropping out

Previous Employment: Currently Employed Job of Dislocation
 Recent Employment(other than dislocation)
 No Work History

Receiving SSI: Yes No

Publicly supported foster child: Yes No

(CC) Receiving General Assistance: Yes No

Receiving Refugee Cash Assistance: Yes No

Current or Previous Employer

Most Current/Recent Employer's Name: _____

Employer Address: _____

City: _____

State: _____ Zip Code: _____

Employer Phone Number: _____

*List Job Title: _____

*Hourly wage of employment: \$ _____

*Reason for layoff/dislocation: Attached to Workforce Displace Homemaker
 Employed, in need of service
 Long term unemployment Permanent closing of plant Self-employed
 Temporarily or Permanently laid off N/A

Start Date of Employment (mm/dd/yyyy): _____

*End Date of Employment (mm/dd/yyyy): _____

*Length of Employment at Employer (# of months): _____

Customer Name: _____

Social Security Number: _____

Unemployment Information

Number of weeks unemployed in prior 26 weeks: 8 years

Referred by Worker Profiling: Yes No

Unemployment Compensation Status: Eligible Claimant Insufficient Earnings UC Exhaustee

Previous Job not Covered by UC N/A

Barriers Information

(CC) Ex-Offender: Yes No Release Date: _____

Pregnant and parenting youth: Yes No

(CC) Homeless and/ or a runaway: N/A Not homeless and a runaway youth

Not homeless and not a runaway youth

Yes, homeless and a runaway youth

Yes, homeless and not a runaway youth

Reading Skills Grade Level: _____

Math Skills Grade Level: _____

Basic Skills Deficient: No Not Tested Yes

Additional RWB Barriers: No RWB Barrier(adult) Yes, Youth Yes, Age 55+

Displaced Homemaker: Yes No

Family Information

(CC) Number in Family: _____

(CC) Number of dependents under 18: _____

*Family Status: Not a Family Member Other Family Member

Parent in One-Parent Family Parent in Two-Parent Family

Single Parent: Yes No

Family of One: Yes, Substantial disability No

Income Information

(CC) Low Income: Yes No No, 5% Youth Exception

(CC) Annualized Family Income (\$): _____

***(CC)** Are you a veteran or eligible person?: No Yes,

If yes, Please fill the veteran's details below

Veterans

***(CC)** Veteran Type: Eligible Person Other Veteran Vietnam Era Veteran

*Veteran Status: N/A Yes, Served less than 180 Days

Yes, Served more than 180 Days

*Recently Separated Veteran: Yes No

*Campaign Veteran: Yes No

*Veteran Disability: Disabled

Special Disabled

Not Disabled

Customer Name: _____ Social Security Number: _____

Attestation:

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the WIA program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes.

Applicant Signature Date

Signature of Parent or Legal Guardian Date

Signature of Case Manager Date

Customer Name: _____ Social Security Number: _____

Mini One Stop

Page 4 of OSMIS Application is **NOT SIGNED** until the customer is in **JOB PENDING STATUS** which is prior to starting a job. The customers signature is for approval of enrollment into the State System.

Page 5 Addendum-A needs customers signature upon completion of OSMIS Application.

Addendum A:

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand, that the information contained herein, will be given WorkNet staff for the purpose of verifying eligibility only at this time. I understand that if enrolled in the WIA program through WorkNet I will be asked for further attestation at that time.

Applicant Signature Date

Signature of Parent or Legal Guardian Date

For Official Use Only Date: _____

Signature of Case Manager – Case Manager #