

Startup Quest® Application Steps

Step 1: Upload your current resume to www.employflorida.com.

Step 2: Collect the following documents:

- Completed Startup Quest® Program Application Packet
- Your most current resume
- Copy of your Florida Driver's License, Identification or Passport
- Copy of your **signed** Social Security card
- Proof of under/unemployment (pay stub, RA record)
- If male, proof of selective service
- If a Veteran, copy of your DD-214

Step 3: After you have completed and gathered all documentation, please call 352.244.5109 to schedule an appointment with a Career Developer.

Career Developer's Name: _____

Time/Date of Appointment: _____

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4800 SW 13th St., Gainesville, FL 32608 | Phone 352.955.2245 | Fax 352.955.2332
819 S Walnut St., Starke, FL 32091 | Phone 904.964.8092 | Fax 904.964.3969

| CONTACT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|-----------------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--------------------------------|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------|
| Name: | SSN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | State: | Zip Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Phone Number: | Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary Phone Number: | Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BACKGROUND INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Date of Birth: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Citizenship:</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Lawful Permanent Resident</p> <p><input type="checkbox"/> Other immigrant authorized to work in the U.S.</p> <p>Race:</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Caucasian/White</p> <p>Are you of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your primary language?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> English</td> <td style="width: 50%;"><input type="checkbox"/> Arabic</td> </tr> <tr> <td><input type="checkbox"/> French</td> <td><input type="checkbox"/> German</td> </tr> <tr> <td><input type="checkbox"/> Haitian Creole</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Russian</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Mandarin</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Have you served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a spouse of a person who has served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a disability that makes it difficult for you to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently receiving any public assistance (TANF, SNAP, SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hindi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other | | <p>What is your highest level of education?</p> <p><input type="checkbox"/> Less than a High School Diploma</p> <p><input type="checkbox"/> High School Diploma Equivalent</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> Vocational School Certificate</p> <p><input type="checkbox"/> Some College; No Degree</p> <p><input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctorate Degree</p> <p><input type="checkbox"/> Specialized Degree (e.g. MD, DDS)</p> <p>Total annual household income* prior to enrollment: <small>*Income from all sources before taxes and deductions. Please include your income, as well as income from all members of your household.</small></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than \$10,000</td> <td style="width: 50%;"><input type="checkbox"/> \$40,000 - \$44,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000 - \$14,999</td> <td><input type="checkbox"/> \$45,000 - \$49,999</td> </tr> <tr> <td><input type="checkbox"/> \$15,000 - \$19,999</td> <td><input type="checkbox"/> \$50,000 - \$54,999</td> </tr> <tr> <td><input type="checkbox"/> \$20,000 - \$24,999</td> <td><input type="checkbox"/> \$55,000 - \$59,999</td> </tr> <tr> <td><input type="checkbox"/> \$25,000 - \$29,999</td> <td><input type="checkbox"/> \$60,000 - \$64,999</td> </tr> <tr> <td><input type="checkbox"/> \$30,000 - \$34,999</td> <td><input type="checkbox"/> \$65,000 - \$69,999</td> </tr> <tr> <td><input type="checkbox"/> \$35,000 - \$39,999</td> <td><input type="checkbox"/> \$70,000 +</td> </tr> </table> <p>How many people are living in your household at the time of this application? _____</p> <p>Do you have any children under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently receiving Reemployment Assistance (RA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, how many weeks have you received RA in the last 12 months? _____</p> <p>What is your most recent job title?</p> | <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 - \$44,999 | <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$45,000 - \$49,999 | <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$50,000 - \$54,999 | <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$55,000 - \$59,999 | <input type="checkbox"/> \$25,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$64,999 | <input type="checkbox"/> \$30,000 - \$34,999 | <input type="checkbox"/> \$65,000 - \$69,999 | <input type="checkbox"/> \$35,000 - \$39,999 | <input type="checkbox"/> \$70,000 + |
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> French | <input type="checkbox"/> German | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hindi | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Chinese | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| EMPLOYMENT HISTORY | |
|--|---|
| <p>What is your <i>current</i> employment status?</p> <p><input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> Not working <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>If you are underemployed or not working, what are you doing now?</p> <p><input type="checkbox"/> Looking for work <input type="checkbox"/> In school/training program <input type="checkbox"/> Taking care of a family member <input type="checkbox"/> Working part-time or in another field <input type="checkbox"/> Retired <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>How many weeks did you work in a job that paid wages in the past 12 months? _____</p> <p>How many years total have you worked in a job that paid wages/salary? _____</p> | <p>What type of business are/were you working in?</p> <p><input type="checkbox"/> Retail/Wholesale Sales <input type="checkbox"/> Professional Services <input type="checkbox"/> Non-Professional Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Technology <input type="checkbox"/> Consulting <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>If currently unemployed, your last job was:</p> <p><input type="checkbox"/> Full-time (32 or more hours per week) <input type="checkbox"/> Part-time (32 or less hours per week)</p> <p>What is/was <u>your</u> annual earnings before taxes and deductions in the last 12 months? _____</p> <p>If not working now, what was the end date of your most recent employment? _____</p> <p>How many years of management experience do you have? _____</p> |
| PREVIOUS SELF-EMPLOYMENT HISTORY | |
| <p>Are you Self-Employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been Self-Employed in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, how many months were you Self-Employed? _____</p> <p>How many hours per week did you engage in Self-Employment?</p> <p><input type="checkbox"/> More than 32 hours per week <input type="checkbox"/> Less than 32 hours per week</p> | <p>Including you, how many employees worked in the business? _____</p> <p>In what type of business were/are you Self-Employed?</p> <p><input type="checkbox"/> Retail/Wholesale Sales <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Services <input type="checkbox"/> Consulting <input type="checkbox"/> Non-Professional Services <input type="checkbox"/> Technology <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>Do you have any close relatives or friends who are currently self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

I hereby certify, to the best of my knowledge, the above information is true. I understand the information is subject to verification and agree to provide such documentation as required. Participants for the program will be selected from among eligible applicants. I understand my social security number may be given to other federal, state and local government and non-government agencies for tracking purposes. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for program reporting purposes. Data will be used for statistical purposes only.

Applicant Signature: _____

Date: _____

ALTERNATE CONTACT INFORMATION

Applicant's Name: _____

INSTRUCTIONS: In the space below, please provide the name, address and phone number of three close relatives or friends who are likely to know how to contact you six months from now. We will only contact these people if we have trouble contacting you directly.

| | |
|-----------------------------------|--|
| CONTACT NAME 1 | |
| ADDRESS | |
| CITY, STATE & ZIP CODE | |
| TELEPHONE NUMBER | |
| RELATIONSHIP TO APPLICANT | |
| EMAIL ADDRESS | |

| | |
|-----------------------------------|--|
| CONTACT NAME 2 | |
| ADDRESS | |
| CITY, STATE & ZIP CODE | |
| TELEPHONE NUMBER | |
| RELATIONSHIP TO APPLICANT | |
| EMAIL ADDRESS | |

| | |
|-----------------------------------|--|
| CONTACT NAME 3 | |
| ADDRESS | |
| CITY, STATE & ZIP CODE | |
| TELEPHONE NUMBER | |
| RELATIONSHIP TO APPLICANT | |
| EMAIL ADDRESS | |

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Records Release Consent Form

Name: _____

Last four of SSN: _____

As a participant of CareerSource North Central Florida (CSNCFL) Career Centers, I hereby authorize the release of confidential information to the employees, representatives or agents of CSNCFL. The representatives of CSNCFL are authorized by me to obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions. This information may include, but is not limited to, educational records (such as testing scores, attendance information, etc.), public assistance records and income/employment information.

I hereby give consent for CSNCFL to engage in verbal, written, facsimile or computerized communication of information required to verify my eligibility for services, identify services or agencies to assist me, assess my qualifications to enter a CSNCFL program, monitor progress while participating in a CSNCFL program and to provide employment/educational recommendations and follow-up completion of training. I hereby waive any and all rights and claims I may have to privacy regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the verification process and all other persons, corporations or organizations, be it Federal, State or Local, for furnishing such information about me.

I further understand that this release will be effective during the length of my participation, as well as for two (2) years following completion of the program(s) in order to assist staff with their follow-up procedures.

Participant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

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**STARTUP QUEST®
APPLICATION FOR PROGRAM PARTICIPATION**



Equal Opportunity is the Law Notice

It is against the law for this recipient of Federal financial assistance, CareerSource North Central Florida, 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 Investment Act of 1998 (WIA), 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 WIA 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 WIA 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 the 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 WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with any of the three agencies listed below:

| CareerSource North Central Florida | Department of Economic Opportunity | U.S. Department of Labor |
|--|--|--|
| Meredith Montgomery, Equal Opportunity Officer CareerSource North Central Florida 4800 SW 13 th Street Gainesville, FL 32608 | Veronica Owens, Equal Opportunity Officer Office for Civil Rights (OCR) Department of Economic Opportunity Caldwell Building – MSC 150 107 East Madison Street Tallahassee, FL 32399-4129 | The Director Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue NW Room N-4123 Washington, DC 20210 |

If you file your complaint with the Office of Civil Rights (OCR), you must wait either until OCR issues 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 OCR 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 OCR 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 OCR).

If OCR gives 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.

Participant Signature: _____ Date: _____

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Grievance and Complaint Form

As a participant of a CareerSource North Central Florida (CSNCFL) program, if you feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, marital status, disability, age, political affiliation or belief, beneficiaries only, or citizenship, you may file a complaint within 180 days of the alleged violation directly with the Equal Opportunity Officer at CSNCFL, 4800 SW 13th Street, Gainesville, FL 32608; and/or the USDOL Director of Civil Rights Center, Room N-4123, 200 Constitution Avenue NW, Washington DC 20210; and/or with the DEO Office of Civil Rights, 107 E. Madison Street, Caldwell Building, MSC 150, Tallahassee FL 32399-4129.

As a participant of a CSNCFL program, if you have a problem that arose in connection with the programs operated in your area, you should take the following steps: 1) Discuss the matter with your Career Developer. If the problem is not resolved to your satisfaction, ask to speak with your Career Developer’s Supervisor. 2) If, after discussion with the Supervisor, the issue is still not resolved to your satisfaction, call 352.244.5137 and ask to be referred to the CSNCFL Grievance Officer. 3) If the Grievance Officer cannot resolve the issue, you will be given information about the process to file a formal grievance/complaint and to request a hearing on the issue. The filing of a grievance/complaint and request for hearing should be identified at the top of each page, e.g., REQUEST FOR HEARING. The grievance/complaint should not exceed five pages (not including exhibits and attachments) and should be sent by certified mail to FMS, Inc., 4800 SW 13th Street, Gainesville, FL 32608.

Upon receipt of the grievance/complaint, you will be notified of the hearing date, and a decision will be issued within 60 days. An appeal may be filed at either the state or the federal level if a) the hearing or decision is not completed within 90 days; b) either party is dissatisfied with the decision; or c) if CSNCFL has been adversely affected by the decision.

As a participant enrolled with CareerSource North Central Florida, I certify that I have read the above statement and understand my rights and responsibilities as enumerated in the statement. I also certify, as indicated by my signature below, that I have read, understand and received a written copy of the “Equal Opportunity is the Law” notice.

X _____

Participant Signature

Date

X _____

Staff Signature

Date

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Audio/Video/Print Release Form

The Startup Quest® program requests your permission to share your experiences while participating in or receiving a benefit from the Startup Quest® program. With your permission, there is a possibility that you may be photographed, videoed, have your voice recorded or comments printed for the purpose of promoting the program. Your signature below allows Startup Quest®, its agents, contracted service providers and their respective staff, the broadcast media or other persons authorized by Startup Quest® to photograph, videotape, audiotape or print your comments.

Your participation is voluntary and will take place during scheduled hours of a Program, Event or at a time that is convenient to you and the organization. Please sign below if you agree to participate. If you decide not to sign this form, you will not be photographed, videoed, have your voice recorded or your comments printed during a Program or Event. Your eligibility or participation in Startup Quest® will not be affected by your decision.

BY MY SIGNATURE below, I give my permission for Startup Quest®, its agents, contracted service providers and their respective staff, broadcast or print media to photograph, video record, audio record or print comments from me. I understand that I will not receive any form of compensation for the use of my picture, vice or comments. Any photographs, video and audio of me, or comments from me are and will remain the property of Startup Quest®.

I understand that I may revoke my permission at any time by notifying Startup Quest® in writing of my decision to do so.

Participant Signature

Date

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Instructions: This form is to be completed, signed and dated by the applicant.

I, _____, certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the program or prosecution under the law. I also certify that I am (check one):

Unemployed –

- Unemployed and did not qualify/apply for RA benefits
- Unemployed and am able to provide documentation of RA eligibility

Employed –

- Working part-time when full-time is desired
- Working, but have not reconnected with a job that is comparable in wages and responsibility to a previous one (pay that equals 75% or less than previous earnings)
- None of these statements apply to me

Signature: _____

DOB: _____

Last 4 SSN: _____

Date: _____

Staff Signature: _____

Date: _____

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