

## Worker Profiling and Reemployment Services Assessment

Name: \_\_\_\_\_ SSN \_\_\_\_\_

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of and obtain work through a union hiring hall?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a definite or indefinite date to return to work?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you reside more than 20 miles from this location?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you unemployed due to a labor dispute?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you attending school or training? If yes, is it considered approved training?       |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received any reemployment services within the last twelve months?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received any corporate sponsored outplacement services in the last two months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States veteran, honorably discharged?                                  |

If you responded yes to any question above, please identify yourself to the orientation facilitator.

1. What is your occupation?
2. What types of work have you performed in the past?
3. What types of work are you interested in applying for?
4. What types of training have you had?
5. What types of training are you interested in receiving?
6. What tools, equipment or machines can you operate?
7. Are you proficient in any computer software programs such as Microsoft Word, Excel, Access, PowerPoint, etc.? YES  NO   
If yes, please list the programs.
8. What additional skills, knowledge or abilities do you possess that will aid you in obtaining employment?

Please provide any additional information about yourself that would be helpful in a work search.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes. An equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.