

Rick Scott
GOVERNOR



Jesse Panuccio
EXECUTIVE DIRECTOR

M E M O R A N D U M

DATE: September 23, 2014
TO: Regional Workforce Board Executive Directors
FROM: Lois A. Scott, Chief, Bureau of One-Stop and Program Support
SUBJECT: Trade-Affected Workers – Training and Reemployment Services Survey

The purpose of this memorandum is to disseminate the Trade Adjustment Assistance (TAA) Trade-Affected Worker – Training and Reemployment Services Survey. This survey, similar to one previously used for dislocated workers, is to be used to collect information from trade-affected-workers who are covered under a certified petition. The survey should be used during the TAA Information Meeting. Information from the survey should assist the Regional Workforce Board (RWB) in identifying the need for additional funding, number of workers in need of training, and help to develop partnership with training providers to accommodate enrollment needs of these individuals who are on a sensitive timeline.

It is suggested that a copy of the survey be maintained in the participant's official case file, and survey results are compiled as a whole in order to meet the group needs, when appropriate.

If you have any questions regarding this survey, please feel free to contact Mershal Noble at Mershal.Noble@deo.myflorida.com or (850) 921-3317.

LAS/omn

Attachment

cc: Tom Clendenning
Michael Lynch
Anita Richardson

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TAA TRADE-AFFECTED WORKERS

TRAINING AND REEMPLOYMENT SERVICES SURVEY

The information collected from this survey is confidential and will be used for planning purposes only. Many of the questions are specific to your needs to determine the type of services that you require in order to get you back into the workforce. We will compile and analyze the results individually and collectively to request additional training funds, if needed. These results will also allow us to conduct a preliminary assessment of your needs and begin providing the necessary services for which you qualify. Those fields indicated below with an asterisk (*) are required. Please answer all questions to the best of your ability.

Please Print legibly

*Name _____ *Last Four of SSN _____
*Address _____ Phone _____
*City _____ *State _____ *County _____
Date of Birth _____ Sex _____
Race/Ethnic Group _____ *Veterans Yes _____ No _____

Trade-affected Employment Information:

*Company Name _____
*Job Title _____ *Number of years with company _____
*Most recent salary _____ Hourly ___ Weekly ___ Monthly ___ Annual ___
*What is the expected date of lay off _____ *Severance Pay ___ Yes ___ No
Are you a union member? ___ Yes ___ No If yes, union name _____

Describe your main job duties _____

List machinery, tools, computer software that you can use _____

Education and Certifications/Licensure

*Highest school grade completed _____ *Degree/Certificate ___ Yes ___ No
*If yes to degree/certificate, please specify type(s) _____
Current Certifications/Licensure _____ Expiration Date _____

*Are you currently enrolled in school? Yes No If yes, where and what type of training _____

Which of the following apply to you?

Seeking employment interested in training Seeking employment not interested in training
 Not interested in training or employment (Retirement)
 Other (Please explain) _____

Training and Education Needs

Please check all of the following that apply:

Choosing a new career GED Preparation
 Job placement assistance Resume writing assistance
 Interview skills assistance Need skills updating
 Computer skills assistance Transportation assistance
 Childcare assistance Other (Please explain) _____

Are you willing to relocate for a new job? Yes No

How many miles are you willing to relocate out of the area? _____

Are you willing to commute daily for a new job? Yes No If yes, how many miles _____

What hourly rate are you willing to accept? _____

What kind of work are you willing to perform? _____

Do you have a valid Driver's license? Yes No

Barriers/Disabilities

English is my second language
 Current disability with limitations that may prevent long periods of sitting and lifting
 Current conviction (Felony and/or Misdemeanor)

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 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. Your social security number will be entered in the state management information system through unemployment insurance. Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.