

**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](mailto:Mershal.Noble@deo.myflorida.com) or (850) 921-3317.

LAS/omn

Attachment

cc: Tom Clendenning  
Michael Lynch  
Anita Richardson

Florida Department of Economic Opportunity | Caldwell Building | 107 E. Madison Street | Tallahassee, FL 32399  
866.FLA.2345 | 850.245.7105 | 850.921.3223 Fax  
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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.