

# Application for Program Participation

Broward County residents only may apply     Please print clearly		
Name (F/MI/L):		
Last four of your SSN:	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To apply, you must register in Employ Florida Marketplace (EFM) at <a href="http://www.employflorida.com">www.employflorida.com</a>	Your Employ Florida Marketplace (EFM) Log in Username:	
Address:	Email:	
City:	State:	Zip Code:
Primary Phone Number:	Primary Phone Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____	
Secondary Phone Number:	Secondary Phone Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____	
<b>How did you hear about Start-Up Now?</b>		
<input type="radio"/> Accion East	<input type="radio"/> Jim Moran Institute Global Entrepreneurship	
<input type="radio"/> Broward College or <input type="radio"/> Innovation Hub	<input type="radio"/> MetroBroward	
<input type="radio"/> Broward County Office of Econ. & Small Business Development	<input type="radio"/> Nova University	
<input type="radio"/> CareerSource Broward or <input type="radio"/> Professional Placement Network	<input type="radio"/> Pompano Beach CRA	
<input type="radio"/> Enterprise Development Corp.	<input type="radio"/> SCORE Broward	
<input type="radio"/> Facebook or <input type="radio"/> Linked In or <input type="radio"/> Twitter	<input type="radio"/> SCORE South Palm Beach	
<input type="radio"/> Greater Fort Lauderdale Alliance	<input type="radio"/> Small Business Development Center	
<input type="radio"/> Hispanic Unity of Florida	<input type="radio"/> Urban League of Broward County	
<input type="radio"/> Inventors Society of South Florida	<input type="radio"/> Other _____	
<p>This program provides <b>intensive training</b> in order to start a business using a hands-on approach. It requires your dedication and commitment. The following is <b>key information about the program</b>:</p> <ul style="list-style-type: none"> <li>• The program is open to anyone who is committed to starting their own business.</li> <li>• You must be able to support yourself during the entire duration of the program (6-7 months).</li> <li>• You can work during the program, but coursework out of classroom time will take 15 - 20 hrs./week.</li> <li>• Not all who apply will be selected. Not all who are accepted will progress through each step of this program.</li> <li>• Businesses must be opened in Broward County.</li> </ul>		
Are you able to commit to this 6 - 7 month program considering the above requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you laid off from you last job? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If so, when (date)? _____		
What is your total family income at this time (before taxes & deductions, including income from all household members)? _____		
How many people, including yourself, live in your household? _____		
Are you currently enrolled in CareerSource's WIOA program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been enrolled in other CareerSource Broward Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, list them _____		

BACKGROUND INFORMATION	
<p><b>Sex:</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>Citizenship/Legal Status:</b></p> <p><input type="checkbox"/> U.S Citizen</p> <p><input type="checkbox"/> Lawfully permanent resident</p> <p><input type="checkbox"/> Other immigrant authorized to work in the U.S.</p> <p><input type="checkbox"/> Other _____</p> <p><b>What is your primary language?</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Haitian Creole</p> <p><input type="checkbox"/> Brazilian Portuguese</p> <p><input type="checkbox"/> Other</p> <p><b>What is your highest level of education?</b></p> <p><input type="checkbox"/> Less than a High School Diploma</p> <p><input type="checkbox"/> GED/High School Diploma Equivalent</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> Some College, No Degree</p> <p><input type="checkbox"/> Vocational School Certificate</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><b>Year diploma, degree or certificate was earned?</b></p> <p>_____</p> <p><b>Field of Study:</b></p> <p>_____</p> <p><b>Other training, certifications or licensures:</b></p> <p>_____</p> <p><b>Have you served in the military?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Have you registered for Selective Service?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Do you have a disability that requires an accommodation?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

EMPLOYMENT HISTORY	
<p><b>What is your current employment status?</b></p> <p><input type="checkbox"/> working full-time (32 or more hours/week)</p> <p>-- working part-time</p> <p style="padding-left: 20px;"><input type="checkbox"/> 5 – 15 hours/week</p> <p style="padding-left: 20px;"><input type="checkbox"/> 16 – 25 hours/week</p> <p style="padding-left: 20px;"><input type="checkbox"/> 26 – 31 hours/week</p> <p><input type="checkbox"/> not working    or    <input type="checkbox"/> never worked</p> <p><input type="checkbox"/> other (specify): _____</p> <p><b>If you are not working or are underemployed, what are you doing now?</b></p> <p><input type="checkbox"/> looking for work</p> <p><input type="checkbox"/> in school/training program</p> <p><input type="checkbox"/> taking care of a family member</p> <p><input type="checkbox"/> retired</p> <p><input type="checkbox"/> other (specify): _____</p> <p><b>What is your current working title (if working) or most recent job title (if unemployed)?</b></p> <p>_____</p>	<p><b>What type of business were/are you working in?</b></p> <p><input type="checkbox"/> Aerospace &amp; Aviation</p> <p><input type="checkbox"/> Creative Economy &amp; Film</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Hospitality</p> <p><input type="checkbox"/> Life Sciences/Biosciences</p> <p><input type="checkbox"/> Logistics &amp; Transportation</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Medical/Healthcare</p> <p><input type="checkbox"/> Professional Services</p> <p><input type="checkbox"/> Retail/Wholesale</p> <p><input type="checkbox"/> Technology</p> <p><input type="checkbox"/> Consulting</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><b>Was your last job?</b></p> <p><input type="checkbox"/> full-time (32 or more hours per week)</p> <p><input type="checkbox"/> part-time</p> <p><b>How many years of management experience do you have?</b></p> <p>_____</p>

**PREVIOUS SELF-EMPLOYMENT HISTORY**

Are you self-employed now?  Yes  No

Have you been self-employed in the past?

Yes  No

If so, how long were you self-employed?

\_\_\_\_\_

How many hours per week are you engaging in or did you engage in self-employment?

More than 32 hours per week

Less than 32 hours per week

Including you, how many employees worked in the business? \_\_\_\_\_

In what type of business are you/were you self-employed?

- Aerospace & Aviation
- Creative Economy & Film
- Education
- Government
- Hospitality
- Life Sciences/Biosciences
- Logistics & Transportation
- Manufacturing
- Medical/Healthcare
- Professional Services
- Retail/Wholesale
- Technology
- Consulting
- Other (*specify*): \_\_\_\_\_

**YOUR BUSINESS/SERVICE IDEA**

Do you have a business idea (product or service) that you are interested in bringing to market?

Yes  No

If so, at what stage are you:

Just an idea

I have a prototype of the product

I'm in the process of writing my own business plan

I have been providing the service or selling the product for less than a year

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

Please explain your business or service idea in fifty words or less. What's the big idea? How will you make money?

## DETAILS

### Checklist –

- Register in the **Employ Florida Marketplace** at <https://www.employflorida.com>.
- Attach your **resume**
- Attach copy of your **DD-214** (if a veteran)
- Attach copy of your **proof of selective service** (if male born after January 1, 1960 – [www.sss.gov](http://www.sss.gov). Go to “Registration” then “Check Registration”.)
- Attach a copy of your **social security card**, payroll stub with SSN or IRS tax form with SSN.
- Attach a copy of your **driver’s license** (or U.S. issued **passport**).
- Attach a copy of your **resident card** or **work permit authorization** if non-citizen.
- We will need your **high school and college transcripts** within 3 months of acceptance into the program.

Mail, email, fax, or drop off your application along with all documentation (see below):

- a. Mail to: Start-Up Now Project Manager; CareerSource Broward Administrative Office, 2610 W. Oakland Park Boulevard, Fort Lauderdale, FL 33311
- b. Scan and email to: [startupnow@careersourcebroward.com](mailto:startupnow@careersourcebroward.com)
- c. Secure fax: 954-337-0920, with a cover sheet specifying **Attention: Start-Up Now**

Not everyone who applies will be selected to participate.

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. The social security number is used to administer the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Start-Up Now* promotes entrepreneur skills and is presented by CareerSource Broward in partnership with the Innovation Hub @ Broward College using Federal funds under award ED16HDQ0200018 from the Economic Development Administration, U.S. Department of Commerce. The structure, process, selection and final outcomes are those of CareerSource Broward and the Innovation Hub @ Broward College and do not necessarily reflect the views of the Economic Development Administration or the U.S. Department of Commerce.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.