



**IMPORTANT FOR WHEN YOU RETURN TO WORK**

*Dear Participant: For the continued improvement of our services, please share your success with us by submitting your employment information once you have obtained a new job. This information makes it possible for us to continue to provide quality services to the community at no cost. Please complete the following information and return or fax this form **PRIOR** to your employment start date. Thank you for your cooperation!*

Participant Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**NEW JOB INFORMATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Company Telephone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Per:  Hour  Week  Month  Year

Hours per Week: \_\_\_\_\_

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

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**Please return this form to the appropriate Center:**

Placement Supervisor  
2301 W. Sample Road, Bldg #4  
Pompano Beach, FL 33073  
Fax: 954.969.3550

Placement Supervisor  
2610 W. Oakland Park Blvd.  
Ft. Lauderdale, FL 33311  
Fax: 954.677.5544 or 5543

Placement Supervisor  
7550 Davie Rd. Extension  
Hollywood, FL 33024  
Fax: 954.985.4759

Disclosure of your social security number is mandatory. However, Pursuant to the Privacy Act of 1974 and Section 119.07(5)(a)3 F.S. (2005) and 5 USCA 552a, your Social Security number and personal information will be protected as confidential by all staff members. Social Security numbers will be used by the WorkForce One Service Provider for identifying and tracking services. This information is reported to approved Federal and State agencies regarding those services and dollars spent as allowed under the privacy act.



An Equal Opportunity Employer/Provider.  
Auxiliary aids are available upon request to individuals with disabilities.  
Florida Relay #711.