

## COMMUNITY WORKFORCE PROGRAM WORKFORCE PLAN

<b>CONTRACT/WORKORDER NO:</b>	
<b>PRIME:</b>	
<b>WORKFORCE GOAL:</b>	

(A)	(B)	(C)	(D)	(E) *	(F)**
COMPANY NAME:	TRADE	TOTAL # OF POSITIONS ASSIGNED TO THE PROJECT	# OF POSITIONS IN "C" FILLED BY STAFF CURRENTLY ON THE FIRMS PAYROLL	# OF EMPLOYEES LISTED IN "D' WHO RESIDE IN A DTA	# OF POSITIONS TO BE FILLED TO MEET THE CWP GOAL
<b>TOTAL:</b>					

Executed by: \_\_\_\_\_  
 (Signature and Title of Affiant)

\_\_\_\_\_

(Printed Name of Affiant)

\* For the each existing employee(s) listed in Column "E" the following information MUST be submitted with your Workforce Plan.

1. Government issued picture ID (Driver License, US Passport, etc.)
2. Utility Bill, Voter Registration Card, Native American Tribal Document, Bank Statement, State or Federal Correspondence, Tax Returns

\*\*The position(s) listed in Column "F" must be posted at the following website: <https://iapps.careersourcesfl.com/jchcwp/>. The database resides with Career Sources Florida who matches the requirements of submittals with available workforce in their database and provides a list to contractors for possible interviews and hiring.

# COMMUNITY WORKFORCE PROGRAM EMPLOYEE INFORMATION FORM

<b>CONTRACT/WORKORDER NO:</b>	
<b>PRIME:</b>	
<b>WORKFORCE GOAL:</b>	

COMPANY NAME:	EMPLOYEE NAME	LAST 4 DIGITS OF SS#	TRADE PERFORMING	ADDRESS, CITY, ZIP CODE	PICTURE ID INCLUDED (1)	OTHER FORM OF ID INCLUDED (2)

Only persons who have resided in the Designated Target Area (DTA within the past year (12 months) qualify to meet the Community Workforce Program (CWP) goal

**Acceptable Documents:**

- (1) Government issued picture ID (Driver License, US Passport, etc.)
- (2) Utility Bill, Voter Registration Card, Native American Tribal Document, Bank Statement, State or Federal Correspondence, Tax Returns

Additional documents may be required if any of the above forms of identification does not validate the one year residency requirement



**JOB CLEARINGHOUSE AFFIDAVIT**  
Notice of Construction Job Opportunities

Project /Contract Number: \_\_\_\_\_

Pursuant to Miami-Dade County Resolution No. R-1395-05, there are \_\_\_ open positions(s) to submit to the Job Clearinghouse for this project at this time. All open positions will be submitted to Career Source South Florida at <https://iapps.careersourcesfl.com/jchcwp/>.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Affiant, Title, and Firm Name)

\_\_\_\_\_  
(Witness)

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Printed, Stamped or Typed

Personally Known

Produced ID

Type of ID produced \_\_\_\_\_