Customer Statement

Customer Name _____ SSN _____

I hereby certify the following:

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I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

_____ _____
Customer Signature Date

The above statement is being utilized for documentation of the following eligibility criteria:

_____
_____
_____
_____

_____ _____
Signature of Certifying Staff Person Date

PRIVACY ACT STATEMENT: *Pursuant to 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****. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.*

CareerSource Pinellas is an equal opportunity employer/program. “A proud partner of the American Job Center network.” Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

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