



Mobile Workforce Assistance Center Request

EVENT INFORMATION

EVENT DATE: _____

TIME: START: _____ END: _____

LOCATION: _____

CONTACT INFORMATION

DEPARTMENT/ORGANIZATION: _____

PHONE: _____

FAX: _____

E-MAIL: _____

EVENT DETAILS: _____

CONTACT PERSON: _____

*HOW MANY PEOPLE EXPECTED TO ATTEND: _____

* FOR STAFFING PURPOSES ONLY

Job Seekers should have basic computer skills. Please return this form to
Fax: (305) 470-5522 or E-mail: mobile@careersourcesfl.com

PLEASE NOTE: Due to the high demand for the Mobile Workforce Assistance Center submit requests one month prior to the scheduled event.

FOR CAREERSOURCE SOUTH FLORIDA USE ONLY

Mobile Scheduled: _____ Confirmed: _____