

SW MINNESOTA PRIVATE INDUSTRY COUNCIL

A Partner in The Minnesota Workforce Center System

Marshall Area Office
 607 West Main Street
 Marshall, MN 56258
 507-537-6236
 1-800-818-9295
 507-537-6237 TTY/Voice

Worthington Area Office
 318 - 9th Street • P.O. Box 816
 Worthington, MN 56187-0816
 507-376-3116
 1-888-234-3708
 507-376-3116 TTY/Voice

Montevideo Area Office
 202 N 1st St. Ste 100
 Montevideo, MN 56265
 320-269-5561
 1-800-422-1346
 320-269-8819 TTY/Voice

APPLICATION

Social Security Number	Print Name: Last			First	Middle
------------------------	------------------	--	--	-------	--------

Street Address	P.O. Box	City	County	State	Zip Code
----------------	----------	------	--------	-------	----------

Birthdate	Sex (Circle) Male Female	Age	Home Phone Message / Cell Phone E-mail address
-----------	----------------------------------	-----	--

RACE - ETHNIC (CHECK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Ind./AI Nat. <input type="checkbox"/> Hawaiian Native/Pacific Is. <input type="checkbox"/> Hispanic/Latino	SELECTIVE SERVICE <input type="checkbox"/> Required/Registered <input type="checkbox"/> # _____ <input type="checkbox"/> Not Registered <input type="checkbox"/> Not Required	CITIZENSHIP <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible, Not Citizen <input type="checkbox"/> Non-Citizen Alien # _____
---	--	---

Please Check Those Which Apply:

- General Assistance
- Eligible For or Receiving Food Support
- MFIP Recipient: Current Recipient _____
- If yes: 36 of last 60 months: Yes No
- Diversionary Work Program
- Unemployment Compensation Recipient
- Unemployment Compensation Exhaustee
- SSI Recipient
- Refugee Assistance
- Foster Child
- Disabled: Physical or Emotional
- Describe: _____
- Limited English
- Currently or Previously on Probation/Parole/Diversion
- Income Derived From Farming
- Displaced Homemaker
- Recovering Chemical Dependency
- Homeless

FAMILY STATUS (Check One)

- Parent in one parent family
- Parent in two parent family
- Other Family Member
- Single individual (not family member)
- Number of Dependents under age 18 (if applicable) _____
- Current Number of Persons in Household: _____

CURRENT EDUCATION STATUS (Check One)

- H.S. Dropout
- H.S. Student
- H.S. Graduate/GED
- Post High School
- College Graduate

Circle Highest Grade Completed

1 2 3 4 5 6 7 8 9 10 11
 12 13 14 15 16 17 18 19

Receiving Pell Grant Yes No

MILITARY SERVICE:

Branch _____
 Dates From _____ to _____
 Type of Discharge _____
 Are you a Vietnam Vet? Yes No
 Are you a Disabled Vet? Yes No
 Are you a Campaign Vet? Yes No

CURRENT LABOR FORCE:

Presently Employed Full-Time
 Presently Employed Part-Time
 Unemployed, Date Last Worked _____
 Number of Weeks Unemployed in
 Past 26 Weeks _____
 Hourly Wage Last Job \$ _____

EMPLOYABILITY ASSESSMENT

How did you find out about the program? _____

Are you willing to relocate? _____ How many miles are you willing to travel one way? _____

Minimum acceptable wage _____

If needed for work do you have: Transportation? _____ Tools? _____

Driver's License:

_____ Regular (D) _____ Chauff-Light(B) _____ Chauff-Heavy (A) _____ No License

EDUCATION/ TRAINING	NAME/LOCATION OF SCHOOL	# OF YEARS ATTENDED	DATE ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School	_____	_____	_____	_____	_____
College or	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

WORK EXPERIENCE

(Include any volunteer experience.)
Begin with most recent.

DATE MO. & YR.	NAME AND ADDRESS OF EMPLOYER	POSITION	RESPONSI- BILITIES	REASON FOR LEAVING	WAGE/ SALARY
From _____	_____	_____	_____	_____	Hours/week
To _____	_____	_____	_____	_____	\$ _____ /hr.
From _____	_____	_____	_____	_____	Hours/week
To _____	_____	_____	_____	_____	\$ _____ /hr.
From _____	_____	_____	_____	_____	Hours/week
To _____	_____	_____	_____	_____	\$ _____ /hr.
From _____	_____	_____	_____	_____	Hours/week
To _____	_____	_____	_____	_____	\$ _____ /hr.

Special Skills, Hobbies, Other Interests _____

What kind of work are you looking for? (Be specific, not "anything"). _____

What places have you applied at in the last month? _____

What types of training are you interested in? _____

Social Service Contracts: Name any service agencies and the individual that you have contacted including the date:

Vocational Rehab. _____ Welfare/Social _____

State Job Service _____ Mental Health Center _____

Other (Specify) _____ Other (Specify) _____

CONFIDENTIAL FAMILY INCOME STATEMENT

This portion must be completed to determine eligibility.

Family Size: _____ (The number of people your family claimed for income tax purposes.)

If you or any member of your household are **CURRENTLY** receiving any of the following, please fill in the total amount **FOR THE PRIOR 6 MONTHS**.

	Self	Spouse	Dependent(s)	Name:
Gross Wages last 6 months				
Income from non-farm self-employment				
Income from farm self-employment				
Net Rents				
Governmental and non-governmental pensions; regular payments from Social Security Title 11 (Survivor's Benefits, Old Age Benefits, and Disability Benefits)				
Railroad retirement benefits				
Strike Benefits from union funds				
Workers' Compensation				
Veterans' Payments				
Training Stipends				
Alimony				
Military family allotments or other regular support from an absent family member of someone not living in the household				
Regular insurance or annuity payments				
College or University Scholarships, grants (excluding Pell Grants), fellowships, and assistantship				
Dividends and Interest				
Net Royalties				
Periodic receipts from estates or trust				
Net Gambling or Lottery Winnings				

VERIFICATION OF THIS INCOME IN THE FORM OF CHECK STUBS OR A STATEMENT FROM THE EMPLOYER IS REQUIRED AND MUST BE INCLUDED. IF SELF-EMPLOYED, INCLUDE A COPY OF YOUR MOST RECENT TAX FORM 1040.

NOTES

PLEASE LIST AT LEAST TWO PEOPLE WHO DO NOT LIVE IN YOUR HOUSEHOLD BUT WILL ALWAYS KNOW WHERE YOU LIVE.

Name _____ Address _____ Phone _____

Relationship to Applicant _____

Name _____ Address _____ Phone _____

Relationship to Applicant _____

USE OF DATA

PLEASE READ. IF YOU DO NOT UNDERSTAND THIS FORM, PLEASE HAVE A STAFF PERSON EXPLAIN IT TO YOU.

Purpose: The purpose of this form is to tell you how we may use the information from your application and participation in this program. It also tells with whom we might share this information and what will happen if you choose not to provide it. After you read and understand this form, please sign below.

I. Program Information

- A. Why We Are Asking For It: To help us decide whether you are eligible for the program and what other services you may need.
- B. How We Plan To Use It: We may use it to prepare required reports, conduct audits, review eligibility and to find out how the program is helping you.
- C. **With Whom We May Share This Information: With staff, allowed by law, who need it to do their jobs in State Services for the Blind, Rehabilitation Services, Job Service, Experience Works, MN Displaced Homemaker Program, University of MN Extension, the United States Department of Health and Human Services, Labor, Housing and Urban Development and Agriculture. We may also share it with community based agencies, local and state human service agencies, educational programs and other agencies which help you.**
- D. If You Do Not Provide This Information: You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you. Providing false information can lead to removal from the program.

II. Wage Detail Files

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

III. Social Security Numbers

You do not have to provide a Social Security Number to be eligible for our programs. Federal Privacy Act and Freedom of Information Act dictates the use of the Social Security Number. We may use it for computer matches, program reviews and improvements, and audits.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

Interim Employment Policy

Persons determined to be eligible as dislocated workers may accept interim or non-career employment prior to enrollment or while enrolled in a WIA funded program if the following conditions exist.

Interim employment is for the purpose of income maintenance prior to and/or during participation in a dislocated worker training program. The intent is that this temporary employment end at the completion of program participation, and participants would enter into permanent unsubsidized employment.

Interim employment must be with an employer other than the one from which the person was dislocated. Employment at the same employer, via a third party contract or under any other basis, is considered as employment with the same organization.

Interim employment is a temporary or part-time job providing transitory income that allows a person to participate in a dislocated worker program. Part-time employment is defined as less than full-time in accordance with the employer of record personnel policies.

CERTIFICATION STATEMENT: The information I have given on this form is true to the best of my knowledge. I know the information I gave will be reviewed and may need to be confirmed. I may be asked to provide proof for some items. I also know that if any information is found to be false, I may not be able to take part in this program. I could also be taken to court and charged with fraud or perjury. I know that a copy of the Minnesota Data Practices Act will be given to me if I ask for one. I have been given and have read the SW MN PIC Complaint Procedure.

I have read and understand the above statement of USE OF DATA.

Applicant

Date

Parent/Guardian Signature

Date

Staff Signature

Elig. Det. Date

Staff Review

Date

**COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB
EQUAL OPPORTUNITY EMPLOYER**