

APPLICATION FOR SERVICES

The SW MN Private Industry Council (PIC) helps develop the skills of workers of all ages to improve their career prospects. Our career specialists can help you identify a direction and develop a plan of action. The initial meeting can be the most important first step you will take toward preparing for a successful future. Please help us determine how we can best serve you by reviewing the following services. Check all that could apply:

- | | |
|---|---|
| <input type="checkbox"/> Help Finding a Job | <input type="checkbox"/> Career Pathway Training |
| <input type="checkbox"/> Resume Help | <input type="checkbox"/> Training Scholarships |
| <input type="checkbox"/> Interviewing Skills | <input type="checkbox"/> Work Experience/On-the-Job Training |
| <input type="checkbox"/> Job Keeping Skills | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Basic Skills (Reading, Math, Other) |
| <input type="checkbox"/> Career Assessment | <input type="checkbox"/> English Language Skills |
| <input type="checkbox"/> Career Counseling (Advising, Coaching) | <input type="checkbox"/> Skills Training/Workshops |
| <input type="checkbox"/> Information on the Local Labor Market | <input type="checkbox"/> Leadership Development Opportunities |
| <input type="checkbox"/> Help with Finding Training Opportunities | <input type="checkbox"/> MFIP/DWP/SNAP Referral |
| <input type="checkbox"/> Help Obtaining Educational Credentials | <input type="checkbox"/> Other (Explain) _____ |

Application Checklist: *(Check with a career specialist if you need help identifying needed documentation)*

- Complete the application. Be sure to fill in each section.
- Sign and date all of the forms. If you are under 18 have your parent/guardian sign as well.
- Include the required documentation:
 - Verification of **Social Security Number** (Photo copy of Social Security Card or previous W-2)
 - Verification of **Birth Date** (Photo copy of Drivers License/State ID, Birth Certificate or School Record)
 - Verification of **Residency** (Photo copy of Drivers License/State ID, insurance card, library card, lease, postmarked mail addressed to yourself, etc.)
 - Verification of **right to work in U.S.** (Drivers License/ID Card AND Social Security card; OR Permanent Resident Card or Alien Registration Receipt Card)
 - Eligibility Verification (document verifying any eligibility factors you indicate)
 - Eligibility - Income Verification (if needed)

Parental Permission (if under 18 years of age)

Youth who are under 18 years of age need to have parental permission to participate in the PIC Youth Programs. By signing this application, youth and parents agree to the following terms:

1. Youth has permission to work at a local worksite. There will be direct supervision.
2. A job coach will not be provided.
3. PIC Staff have permission to contact the participant's school for information on attendance and coordinating services.
4. Participant and/or parent will be responsible for transportation to and from the worksite.
5. Youth may be invited to attend workshops/trainings/etc . at a PIC office or in the surrounding area.
6. Photos may be taken of youth while participating in the Youth Programs. These may be published in the media.

COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB AND/OR SERVICES

All applications must be complete to be processed.

If you need help understanding or completing this form, please contact a staff person.

Marshall WorkForce Center
Lyon County Gov't Center
607 W. Main Street
Marshall, MN 56258
1-800-818-9295
(507) 476-4040

Montevideo WorkForce Center
202 N 1st Street, Suite 100
Montevideo, MN 56265
1-800-422-1346
(320) 269-5561

Worthington WorkForce Center
Nobles County Gov't Center
318 - 9th Street PO Box 816
Worthington, MN 56187-0816
(507) 295-5020

MN Relay Line 800-627-3529

www.swmnpic.org

An Equal Opportunity Employer/Provider

This material is available in alternative formats upon request

Southwest Minnesota Private Industry Council Program Complaints

As the provider of multiple employment and training programs, including WIOA Title 1-B, the Southwest Minnesota Private Industry Council must adhere to the guidelines regarding Program Complaints. This form outlines the procedure for handling grievances and complaints.

Applicants/Participants must be provided information concerning their rights. If you are unhappy with the services; treatments; or if you disagree with the eligibility determination that you have received, please ask to discuss the issue with the impartial person designated to explore program complaints at the local level:

Juanita Lauritsen
Southwest MN Private Industry Council, Inc.
607 W. Main Street
Marshall, MN 56258

Voice Telephone: 320-269-5561
FAX: 320-269-5696
E-Mail: jlauritsen@swmnpic.org

An informal attempt at resolution should take place prior to the filing of a formal written program complaint. Program complaints may be filed within one year of the alleged occurrence. A program complaint contains only an issue (reason for the complaint). It is processed as a program complaint under the Employment and Training Regulations (20 CFR, Subpart F, 667.600). **If you wish to file a formal written WIOA Program complaint, please request a copy of the Southwest Minnesota Private Industry Council's detailed WIOA Program Complaint Handling Procedures and the WIOA Program Complaint Form.**

The local level has sixty days from receipt of a written complaint to issue a decision. A hearing before an impartial hearing officer shall be provided upon request from the complainant within the sixty (60) days allowed for resolution.

If a complaint is not resolved at the local level, it may be appealed to:

Susan Tulashie, Equal Opportunity Officer
MN Dept. of Employment & Econ. Dev. (DEED)
Workforce Development Division
1st National Bank Building
332 Minnesota Street, Suite E200
St. Paul, MN 55101-1351

Voice Telephone: 651-259-7586
TTY: 651-296-3900
FAX: 651-297-5343
E-Mail: susan.tulashie@state.mn.us

You may file an appeal with DEED if you are:

*Dissatisfied with the local decision, or

*If the local level failed to issue the administrative decision within 60 days of the complaint filing date (total of 120 days from the date the complaint was filed).

The Minnesota Department of Employment and Economic Development WIOA Program Complaint Handling Procedures can be found at: <http://www.deed.state.mn.us/wpd/policy/title1B/5.0 index.htm>

SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC.

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APPLICATION FOR SERVICES

Last Name		First Name		Middle Name	
Telephone Number (Home)		Cell Number		Birthdate	
Street Address/PO Box		City		State	
Social Security Number		County		Zip	
Email Address					
Sex (circle one) Male Female		Valid Driver's License ___ Yes ___ No		Transportation ___ Yes ___ No	
Primary Language					
Is your ability to speak English an employment barrier? ___ Yes ___ No					
Race (check all that apply) ___ Amer. Ind./Al. Nat. ___ Asian ___ Black/African Amer. ___ Hawaiian/Pacific Islander ___ White Ethnicity (choose one) ___ Hispanic/Latino ___ Non-Hispanic/Non-Latino		Living/Family Status ___ Individual (single, no children, lives on own) ___ Parent in a 2-parent family ___ Parent in a 1-parent family ___ # of children under age 18 living with you ___ Family size (living w/you) ___ Other family member (married, no children) ___ I live with both parents ___ I live with my mother ___ I live with my father ___ I am in foster care ___ I live in a group home ___ Other: _____			
Are you a veteran? ___ Yes ___ No (If yes, provide a copy of DD-214)				Citizenship ___ Citizen ___ Eligible, Non Citizen ___ Non Citizen If applicable: Alien Reg.Card # _____ Exp. Date _____ Country of Origin: _____ Date entered U.S.: _____	
Military Service Branch _____ Recently separated? ___ Yes ___ No Dates: From _____ to _____ (mm/dd/yyyy) Type of Discharge _____ Are you a Disabled Vet? ___ Yes ___ No		Selective Service ___ Required/Registered* ___ Not Registered (explain below) _____ ___ Not Required (explain below) _____ *Registration will be verified			
Education Status Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 ___ Attending High School: Now in grade _____ School Name: _____ ___ High School Graduate: Date Received: _____ ___ GED: Date Received: _____ ___ Not in school - High School Dropout ___ Attending post-secondary training: School Name: _____ Course of Study: _____ Pell Grant Status (Circle Status): Approved Pending Denied Not Applicable ___ College Graduate Degree Received _____				Current Labor Force Status ___ Not in the Labor Force ___ Currently Employed Part-Time ___ Currently Employed Full-Time ___ Unemployed: Date Last Worked _____ Hourly Wage of Last Job \$ _____ ___ # of weeks unemployed in last 52 weeks Unemployment Compensation Status: ___ Eligible, non claimant ___ Eligible claimant ___ Exhausted ___ Not applicable	

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Barriers: (Check ALL that Apply)*

Note: Disclosure of barriers will not affect any services for which you qualify, and may qualify you for additional services

- Recovering Chemically Dependent
- Eligible For or Receiving Food Stamps (Self or Family)
- MFIP or DWP Recipient (Self or Family)
- MAXIS ID# _____
- Emotionally, Physically, or Mentally Challenged
- Currently or previously on Probation or Parole
- Limited English Speaking
- Homeless
- Child of Recovering Chemically Dependent Parent
- Child of Dislocated Worker
- Foster Child
- Current IEP on File with School
- Pregnant or Parenting Youth
- Receiving Group Home and/or Social Services
- Attending Alternative School
- Runaway Youth
- Receives/Eligible for Free/Reduced Lunch Program

Disability Status (Note: Disclosure of a disability is voluntary. It will not affect any services for which you may qualify, and may qualify you for additional services)*

- I do not have a disability.
- I have a disability and it is a barrier to employment.
- I have a disability and it is not a barrier to employment.
- My disability is documented
 Yes No N/A

*You may be asked to provide verification if this is relevant to eligibility for services

CONFIDENTIAL Family Income Statement - This portion must be completed to determine eligibility for some services.

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 per month.

- *Supplemental Security Income \$ _____/month
- *Refugee Assistance \$ _____/month
- *MFIP/DWP \$ _____/month
- *Food Support (SNAP) \$ _____/month
- Re-employment Insurance \$ _____/month
- Worker's Compensation \$ _____/month
- SS Disability Benefits \$ _____/month
- SS Survivors Benefits \$ _____/month
- Spousal Support \$ _____/month
- Armed Forces Retirement \$ _____/month
- Rental Income \$ _____/month
- Retirement Pension \$ _____/month

*If receiving any of these, you do not need to complete the Gross Income Family Breakdown. Verification will be requested.

GROSS Income Family Breakdown:

- ~List GROSS income for each member of your family for the last 6 months, if any. Do not include any amounts listed above.
- ~List only those members included in "family size" (Above).
- ~Verification of this income in the form of check stubs or a statement from the employer is required and must be included. If you are self-employed, a copy of your most recent income tax form 1040 is the only verification required.

Name of Family Member	Age	Relation	Employer	Gross Income-Last 6 Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List two people who do not live in your household but will always know how to contact you. (Note: For use as Emergency Contact and our Follow-up Agreement)

Name: _____ Phone: _____

Address: _____ Relationship to You: _____

Email Address: _____

Name: _____ Phone: _____

Address: _____ Relationship to You: _____

Email Address: _____

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Work History

Current or Most Recent Employer: _____ Location: _____

Start Date: _____ End Date: _____ Hours per Week: _____ Pay Rate: _____

Job title: _____ Supervisor: _____ Reason for Leaving: _____

Job Duties: _____

Previous Employer: _____ Location: _____

Start Date: _____ End Date: _____ Hours per Week: _____ Pay Rate: _____

Job title: _____ Supervisor: _____ Reason for Leaving: _____

Job Duties: _____

Previous Employer: _____ Location: _____

Start Date: _____ End Date: _____ Hours per Week: _____ Pay Rate: _____

Job title: _____ Supervisor: _____ Reason for Leaving: _____

Job Duties: _____

Dislocated Worker Information

(If you are a dislocated worker, please complete this section)

Hourly Wage of dislocated job: \$ _____ Layoff Notice Date: _____
mm/dd/yyyy

Separation Date: _____ Actual/Projected Dislocation Date: _____
mm/dd/yyyy mm/dd/yyyy

How many weeks in the last 52 weeks (1 year) have you been unemployed? _____

Number of months in primary occupation: _____

I am unlikely to return to my previous occupation because:

- My skills have become OBSOLETE due to technology.
- My skills have become NON-TRANSFERABLE because they are so unique and specialized to a particular work setting that they are of little value to the broader local economy.
- My skills have become DATED. When updated, these skills will remain in demand.
- I am UNSKILLED, lacking formal education and/or occupational training or job related training that would enable me to obtain skilled employment.
- I lack CREDENTIALS in my current occupation and am prohibited from performing duties and responsibilities authorized by license, certificate or other credentials, or I have lapsed credentials that need recertification.

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Consent to Share Wage & Employment Information

I agree that the Minnesota Department of Employment and Economic Development may release information on my wages and employment contained on the State's Wage Detail files to SW MN PIC. I understand this is private information. I understand the SW MN PIC will use this information ONLY for the following four purposes:

- Preparing audit reports.
- Auditing SW MN PIC.
- Reviewing my eligibility for SW MN PIC employment and training program.
- Learning how well the services are helping people like me.

I understand that Minnesota state law does not allow SW MN PIC to use this information for any other purpose. This information may not be shared by SW MN PIC without my consent. This consent goes into effect today. This approval expires after three years from the time I leave the Program. I may cancel this consent in writing at any time.

___ Yes, I agree to the sharing of wage and employment information.

___ No, I do not agree to the sharing of wage and employment information.

If you were selected for a work experience, would you have a bank account available for direct deposit? ___ Yes ___ No

Follow-Up Agreement

You may be contacted 3, 6, 9 and 12 months following the closing of your case file. The information you provide will help us measure the effectiveness of our services. This information will be kept confidential. If we are unable to reach you by using your contact information, we will contact the individuals listed on your application who do not live with you but will always know how to contact you. I voluntarily agree to provide information requested in the follow-up surveys or interviews following the closing of my case file.

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 will allow this information to be shared with the following entities: Private Industry Council, School and Training Offices, Current and Future Employers, Department of Veteran's Affairs, Vocational Rehabilitative Services, County Family Services Organizations, Social Security Administration, Department of Employment and Economic Development. These offices may help decide if I can be accepted into the program. They will also help put together a plan for my employment and keep track of my progress. I have been made aware of and understand the Use of Personal Information form.

I have read the SW MN PIC Program Complaint form, the Personal Information form (Minnesota Data Practices Act), and the Equal Opportunity Complaint/Discrimination Procedure form; and understand that I can request a copy of the policies or access them online at www.swmnpic.org. I know my rights and I know that some information can only be shared if I allow it. I voluntarily agree to provide the information requested and give permission for present/past/future employers and educational institutions to release information to the Southwest Minnesota Private Industry Council (SW MN PIC) regarding my employment, training, and/or earnings.

Applicant Signature

Date

Parent/Guardian Signature (if youth under 18)

Date

Staff Signature

Date

PIC Staff Review Signature

Date

COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB AND/OR SERVICES

All applications must be complete to be processed.

If you need help understanding or completing this form, please contact a staff person.

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Technology Consent Form

If you would like to communicate with your Counselor using technology such as email, social media, texting or other means of electronic communication please read and sign this form.

You have requested that certain information about you be provided to you by email, face book and/or texting. Before Southwest Minnesota Private Industry Council will communicate with you in these forms of technology containing non-public data, you must read and agree to the following risks and conditions of use.

1. Risk of Using

We caution clients from communicating by electronic technology. Transmitting non-public information data by these means has a number of risks that must be considered. These include, and are not limited to: electronic communication can be circulated, forwarded, and stored in numerous paper and electronic files. Electronic communication can be immediately broadcast worldwide and be received by many intended and unintended recipients.

Electronic Communication can be:

- *Sent to a misaddress
- *It is easier to falsify than handwritten or signed documents.
- *Backup copies may exist even after the sender or recipients have deleted their copy.
- *Employers and on-line services have a right to archive and inspect information transmitted through their systems.
- *Electronic communication can be intercepted, altered, forwarded, or used without authorization or detection.
- *It can be used to intentionally or unintentionally distribute a computer virus, which can destroy or harm computer systems and electronic data.

2. Conditions of Use

Southwest Minnesota Private Industry Council, Inc. will use reasonable means to protect the security and privacy of electronic information sent and received. However, because of risks outlined above, we cannot guarantee the security and privacy of electronic communication. Therefore, individuals must consent to the use of electronic communication for information. Consent to this use includes agreement with the following conditions:

- *Applicable electronic communication to or from our clients will be printed out and made part of the client's record. Because they are part of the record, other individuals authorized to access the records will have access to those documents.
- *As necessary to provide service and secure reimbursement, we may forward electronic information to our staff and those who have authorized release of information.
- *We will not, however, forward non-public electronic communication to independent third parties without your prior written consent, except as authorized or required by law.
- *Although we will endeavor to read and respond promptly to any electronic communication, we cannot guarantee that any particular communication will be read and responded to within any particular period of time. Therefore, you should not use electronic communication for emergencies or other time sensitive matters.
- *If your electronic communication requires or invites a response from us, and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the communication and when they will respond.
- *You should not use electronic communication regarding sensitive medical information.
- *You are responsible for informing us of any types of information that you desire not to be sent by electronic communication.
- *You are responsible for protecting your password or other means of access to electronic communication. We are not liable for any breaches of confidence caused by your or any third party.

3. Communicating by Electronic Communication

To communicate by electronic communication, you will:

- *Avoid use of your employer's computer or other computer easily assessable to others.
- *Inform us of changes in your electronic communication address.
- *Put your full name in the body of the communication.
- *Avoid placing any private information on the subject line of the communication.
- *Review the electronic communication to make sure that it is clear and that all relevant information is provided before sending to us.
- *Take precautions to preserve the privacy of the communication, such as using and safeguarding your password.
- *Withdraw consent only by written communication to our agency.

Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risk associated with electronic communication between Southwest Minnesota Private Industry Council, Inc. and me, and consent to the conditions outlined herein. I agree to the instructions for electronic communication outlined here, as well as any other instructions that Southwest Minnesota Private Industry Council, Inc. may impose to electronic communication. Finally, I agree that because of my written agreement that use of electronic communication to communicate with me concerning non-public data is reasonable and proper way to communicate with me and protect my privacy.

Client Signature: _____ **Date:** _____

Electronic Communication Address: _____

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**Consent for Media Notification
(Optional)**

We would appreciate the opportunity to share information about your accomplishments and participation with others. This release for will serve as permission to publish/post such information as needed. If you are willing for this to occur, we request that you complete the form below.

I, _____, hereby authorize the Southwest Minnesota Private Industry Council (PIC) and the Minnesota Department of Employment and Economic Development (DEED) to release written information and/or photograph(s) to the media as an extension of the organization/department's public recognition of my achievements, contributions and participation in employment and training programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent or unit of the Southwest Minnesota Private Industry Council or the State of Minnesota arising from this release.

This release shall bind my heirs and assignees.

SIGNATURE: _____

ADDRESS: _____

DATE: _____

PARENT SIGNATURE OR LEGAL GUARDIAN (If individual is under age 18):

SIGNATURE: _____

ADDRESS: _____

DATE: _____

Equal Opportunity Is the LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, national origin, color, religion, sex, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA)/Workforce Innovation and Opportunity Act of 2014 (WIOA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA/WIOA Title I-financially assisted program or activity.

This recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA/WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIA/WIOA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose):

Inquiries

Local Equal Opportunity (EO) Officer

Juanita Lauritsen
Southwest Minnesota Private
Industry Council, Inc
607 W. Main Street
Marshall, MN 56258
320-269-5561 (Voice)
320-269-5696 (FAX)
jlauritsen@swmnpic.org

Inquiries

WIA/WIOA EO Officer

Susan Tulashie, DEED
Workforce Development Division
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7586 (Voice)
651-296-3900 (TTY)
651-215-3842 (FAX)

Inquiries

State EO Officer

Karen Lilledahl, DEED
Diversity & Equal Opportunity
1st National Bank Building, E200
322 Minnesota Street
St. Paul, MN 55101-1351
651-259-7089 (Voice)
651-296-3900 (TTY)
651-297-5343 (FAX)

A proud partner of the American Job Center network.

- The Director, The Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. Or Fax 202-693-6505 ATTENTION: Office of External Enforcement, Email: CRCEXternalComplaints@dol.gov, Telephone: 202-693-6502, URL: www.dol.gov/oasam/programs/crc/

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

This material is available in alternative formats for individuals with disabilities by calling 651-259-7094.
English Language Revised September, 2015

An Equal Opportunity Employer/Provider

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How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and Southwest Minnesota Private Industry Council, Inc.

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Name (Print)

Signature (if under 18, signature of Parent/Guardian)

Date

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<p>Inquiries Local Equal Opportunity (EO) Officer Juanita Lauritsen Southwest Minnesota Private Industry Council, Inc 607 W. Main Street Marshall, MN 56258 320-269-5561 (Voice) 320-269-5696 (FAX)</p>	<p>Inquiries WIA/WIOA EO Officer Susan Tulashie, DEED Workforce Development Division 1st National Bank Building, E200 332 Minnesota Street St. Paul, MN 55101-1351 651-259-7586 (Voice) 651-296-3900 (TTY) 651-215-3842 (FAX)</p>	<p>Inquiries State EO Officer Karen Lilledahl, DEED Diversity & Equal Opportunity 1st National Bank Building, E200 332 Minnesota Street St. Paul, MN 55101-1351 651-259-7089 (Voice) 651-296-3900 (TTY) 651-297-5343 (FAX)</p>
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OR:

- The Director, The Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. Or Fax 202-693-6505 ATTENTION: Office of External Enforcement, Email: CRCEXternalComplaints@dol.gov, Telephone: 202-693-6502, URL: www.dol.gov/oasam/programs/crc/

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How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and Southwest Minnesota Private Industry Council, Inc.

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Customer Copy

An Equal Opportunity Employer/Provider

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