

APPLICATION FOR SERVICES

The Southwest Minnesota Private Industry Council, Inc. (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 Driver's License/State ID, Birth Certificate or School Record)
 - ☐ Verification of **Residency** (Photo copy of Driver's License/State ID, insurance card, library card, lease, postmarked mail addressed to yourself, etc.)
 - ☐ Verification of **right to work in U.S.** (Driver's 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.

CareerForce
202 N 1st St., Suite 100
Montevideo, MN 56265
1-800-422-1346
(320) 269-5561
MN Relay Line 800-627-3529

A proud partner of the

network

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

MN Relay Line 800-627-3529

www.swmnpic.org

CareerForce
Nobles County Gov't Center
318 - 9th St., P.O. Box 816
Worthington, MN 56187
(507) 295-5020
MN Relay Line 800-627-3529

Southwest Minnesota Private Industry Council, Inc. Program Complaints

As the provider of multiple employment and training programs, including WIOA Title 1-B, the Southwest Minnesota Private Industry Council, Inc. 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 service, 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:

Carrie Bendix
Southwest Minnesota Private Industry Council, Inc.
607 West Main Street
Marshall, MN 56258

Voice Telephone: 507-476-4060
FAX: 507-537-6362
E-Mail: cbendix@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, Inc.'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:

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

Voice Telephone: 651-259-7089
TTY: 651-296-3900
FAX: 651-297-5343
E-Mail karen.lilledahl@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>

APPLICATION FOR SERVICES

Last Name		First Name		Middle Name	
Telephone Number (Home)		Cell Number		Birthdate	
Age		Street Address/PO Box		City	
State		Mailing Address (if different from Street Address)		County	
Zip		Social Security Number		Email Address	
Sex (circle one) Male Female Other_____		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) <input type="checkbox"/> American Indian/Al. Nat. <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		Living/Family Status <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Individual (single, no children, lives on own) <input type="checkbox"/> Parent in a 2-parent family <input type="checkbox"/> Parent in a 1-parent family _____ # of children under age 18 living with you _____ Family size (living with you) </div> <div style="width: 35%;"> <input type="checkbox"/> Other family member (married, no children) <input type="checkbox"/> I live with both parents <input type="checkbox"/> I live with my mother <input type="checkbox"/> I live with my father <input type="checkbox"/> I am in foster care <input type="checkbox"/> I live in a group home <input type="checkbox"/> Other: _____ </div> </div>			
Are you a veteran? ____Yes ____No (If yes, provide a copy of DD-214)		Citizenship ____ Citizen ____ Eligible, Non-Citizen ____ Non-Citizen <i>If applicable:</i> Alien Reg. Card # _____			
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		Exp. Date _____ Country of Origin: _____ Date entered U.S.: _____	
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			

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

<input type="checkbox"/> Recovering Chemically Dependent	<input type="checkbox"/> Child of Recovering Chemically Dependent Parent
<input type="checkbox"/> Eligible For or Receiving Food Stamps (Self or Family)	<input type="checkbox"/> Child of Dislocated Worker
<input type="checkbox"/> MFIP or DWP Recipient (Self or Family)	<input type="checkbox"/> Foster Child
<input type="checkbox"/> MAXIS ID# _____	<input type="checkbox"/> Current IEP on File with School
<input type="checkbox"/> Emotionally, Physically, or Mentally Challenged	<input type="checkbox"/> Pregnant or Parenting Youth
<input type="checkbox"/> Offender	<input type="checkbox"/> Receiving Group Home and/or Social Services
<input type="checkbox"/> Limited English Speaking	<input type="checkbox"/> Attending Alternative School
<input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway Youth
<input type="checkbox"/> Medical Assistance Recipient	<input type="checkbox"/> Receives/Eligible for Free/Reduced Lunch Program
<input type="checkbox"/> Other: Explain _____	<input type="checkbox"/> Migrant Seasonal Farm Worker

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 members of your household are currently receiving any of the following, please fill in the total amount per **month**.

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

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? _____

Have you been unemployed for at least the past 27 weeks? Yes _____ No _____

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.

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 Southwest Minnesota Private Industry Council. I understand this is private information. I understand the Southwest Minnesota Private Industry Council will use this information ONLY for the following four purposes:

- Preparing audit reports.
- Auditing Southwest Minnesota Private Industry Council.
- Reviewing my eligibility for Southwest Minnesota Private Industry Council employment and training program.
- Learning how well the services are helping people like me.

I understand that Minnesota state law does not allow Southwest Minnesota Private Industry Council to use this information for any other purpose. This information may not be shared by Southwest Minnesota Private Industry Council 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.

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: Southwest Minnesota Private Industry Council, Inc., School and Training Offices, Current and Future Employers, Department of Veterans 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 Southwest Minnesota Private Industry Council 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, Inc. 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.

Southwest Minnesota Private Industry Council is an equal opportunity employer and program provider.
Individuals needing accommodations for any of our services should call us at the location phone number listed.
Please contact us at least 3 business days prior to the event.

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, Inc. 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 confidentiality 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 accessible 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 (e.g. email, text, etc.): _____

I choose to decline this consent: _____

Consent for Media Notification
(Optional)

We would appreciate the opportunity to share information about your accomplishments and participation with others. This release form 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, Inc. (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, Inc. 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 basis: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a 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);

Local Equal Opportunity (EO) Officer: Carrie Bendix, Southwest Minnesota Private Industry Council, Inc. CareerForce, 607 West Main Street, Marshall, MN 56258, 507-476-4067 (Voice), 507-537-6362 (Fax) cbendix@swmnpic.org

WIOA EO Officer: Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota St. E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), Karen.Lilledahl@state.mn.us

or

State EO Officer: Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota St. E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), Ann.Feaman@state.mn.us

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
or electronically as directed on the CRC website at www.dol.gov/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 may file a complaint with CRC before receiving that Notice. 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.

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 that 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

Revised 4/2019

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or

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Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
or electronically as directed on the CRC website at www.dol.gov/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 may file a complaint with CRC before receiving that Notice. 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.

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 that 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.

Revised 4/2019

Initial Assessment

Name _____

Date _____

CAREER PLANNING	Y	N	NOT SURE	Comments
I know about different jobs available.				
I know what career I want to pursue.				
I have the training needed for my career goal.				
I am interested in career testing to find out my interests and abilities.				
EDUCATION	Y	N	NOT SURE	Comments
I have problems with reading.				
I have problems with writing.				
I have problems with spelling.				
I need English as a language class.				
JOB SEEKING SKILLS	Y	N	NOT SURE	Comments
I have a good work history.				
I have good references.				
I know what employers expect of their workers.				
I know how to complete an application.				
I know how to describe my work skills.				
I have appropriate clothing for interview.				
I have a personal resume.				
JOB GETTING SKILLS	Y	N	NOT SURE	Comments
I can be flexible in work hours.				
I can drive out of town for a job.				
I have had trouble getting a job because of age.				
DAILY LIVING	Y	N	NOT SURE	Comments
I have a good place to live.				
I have good enough food.				
I need help with child care.				
I have transportation.				
I have good friends.				
Do you have family support?				
I would like help with money management.				

What are your major strengths?	
What are your problems?	
What do you know how to do best?	
Are there any situations that would keep you from getting a job? Explain.	

JOB KEEPING SKILLS	Y	N	NOT SURE	Comments
I have a good attendance at past jobs.				
I have a record for being on time.				
I work well under supervision.				
I follow directions carefully.				
I work well with others.				
I am good at keeping a job.				
I have appropriate clothing.				
LEGAL ISSUES	Y	N	NOT SURE	Comments
I have a misdemeanor/felony record.				
I am on probation/parole.				
I have a suspended/revoked driver's license.				
I have child support obligations.				
I have court hearings being scheduled.				
I must serve Community Service hours.				
I need chemical dependency treatment.				
HEALTH	Y	N	NOT SURE	Comments
I need new glasses.				
I have trouble hearing.				
I need dental care.				
I become very upset/depressed/anxious.				
I have a chronic illness or a disability.				
I use alcohol frequently.				
I can stand for long periods of time.				
I can sit for long periods of time.				
I can bend with no problems.				
I can lift with no restrictions.				
I am pregnant.				
My wife/significant other is pregnant.				

ARE YOU WORKING WITH:	Y	N	Contact
Rehabilitation Services?			
A County Social Worker?			
Social Security?			
Job Service/Unemployment			
Any other Agency?			

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COVID-19

Thank you for participating in the Southwest Minnesota Private Industry Council, Inc.'s employment and training program(s).

These are not normal times. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread from person-to-person contact, including through respiratory droplets, and in other ways that the Centers for Disease Control and Prevention is still learning.

Community-spread COVID-19 is prevalent in Minnesota and new cases are occurring frequently. As a result, federal, state, and local governments and various health agencies recommend physical distancing and have, at certain times and locations, prohibited groups of people congregating.

The Southwest Minnesota Private Industry Council, Inc. has put in place preventative measures to reduce the spread of COVID-19, and we need everyone's help in following our guidelines. The Southwest Minnesota Private Industry Council, Inc. has put in place preventative measures to reduce the spread of COVID-19, and we need everyone's help in following CDC guidelines (attached).

Given an extremely contagious virus and pandemic, **the Southwest Minnesota Private Industry Council, Inc. cannot guarantee that participants in our program will avoid becoming exposed to and infected by COVID-19.** Further, attending our program could *increase the risk* of contracting COVID-19.

Assumption of Risk: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the undersigned participant/child/parent/guardian may be exposed to or infected by COVID-19 by attending this program. I understand that such exposure or infection may be very serious and result in personal injury, illness, disability, and even death.

I understand that by participating in the program it may increase the risk of becoming exposed to and infected by COVID-19.

I understand and appreciate the risk of becoming exposed to and infected by COVID-19 as part of attending the program.

I acknowledge that exposure to COVID-19, injury, illness, disability, and even death may result from the actions, omissions, or negligence of myself and others, or the actions, omissions or negligence of the Southwest Minnesota Private Industry Council, Inc. including but not limited to its management, employees, and volunteers, or the fault of program participants and their families.

I voluntarily agree to assume all of the risks outlined in this form including contracting COVID-19, and the undersigned accepts sole responsibility for any injury or illness to the participant or myself. This risk includes illness, injury, disability and death, and all associated losses and expenses of any kind that I or the participant may experience or incur.

Waiver: In consideration of being permitted to participate in the Southwest Minnesota Private Industry Council, Inc.'s employment and training program(s) I, for myself, and on behalf of the participant, hereby release, agree not to sue, discharge, and hold harmless, the Southwest Minnesota Private Industry Council, its officers, employees, agents, and representatives, from all claims, actions, damages, costs or expenses of any kind relating to COVID-19. I understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of the Southwest Minnesota Private Industry Council, its officers, employees, agents, or representatives.

Indemnification and Hold Harmless: I also agree to indemnify, defend, and hold harmless the Southwest Minnesota Private Industry Council, Inc. and its officers, employees, agents and representatives from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, relating to any claim of exposure, infection, injury or illness concerning COVID-19 arising from participation in the listed program or activity.

This assumption of risk, waiver and agreement applies even if the undersigned asserts the program was at fault for not taking greater precautions to manage exposure or infection from COVID-19 and the pandemic. Participants and their families assume the risk of illness and injury, as outlined in this document.

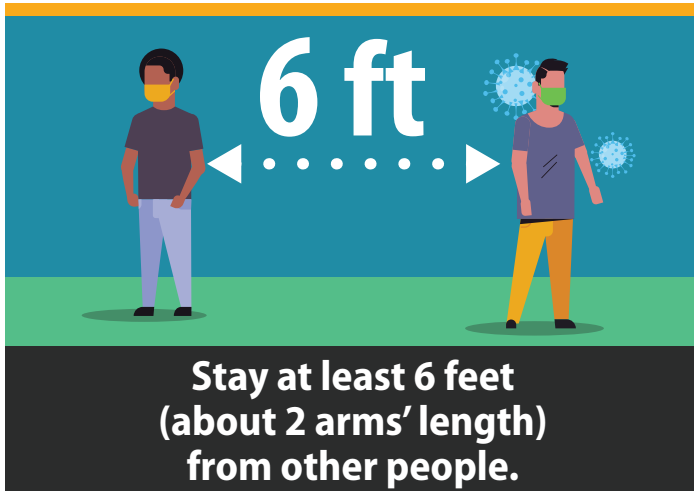
Signature of Participant

Date

Print Name of Participant

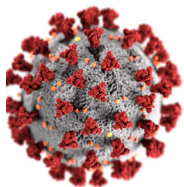
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



cdc.gov/coronavirus

How to Protect Yourself and Others

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Limit contact with others as much as possible.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick**. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html



cdc.gov/coronavirus

Cover your mouth and nose with a cloth face cover when around others



- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face covering in public settings** and when around people not living in their household, especially when social distancing is difficult to maintain.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- **Always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



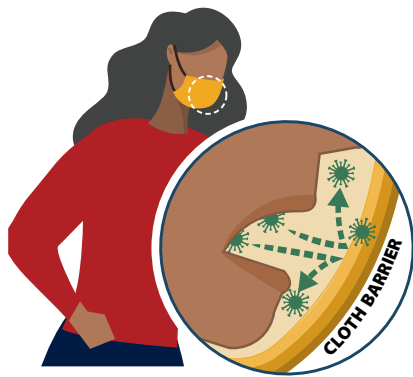
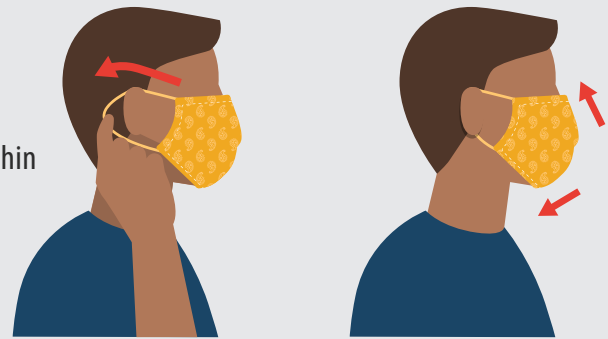
- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** You can see a list of [EPA-registered household disinfectants here](#).

How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2

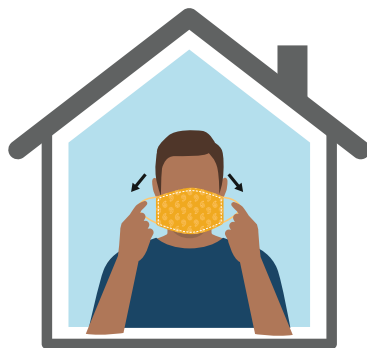


USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

