

## 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/StateID, 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

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

 

[www.swmnpic.org](http://www.swmnpic.org)

## **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](mailto: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  
1<sup>st</sup> 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](mailto: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

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Telephone Number (Home)</b>		<b>Cell Number</b>		<b>Birthdate</b>	
<b>Age</b>		<b>Street Address/PO Box</b>		<b>City</b>	
<b>State</b>		<b>Mailing Address (if different from Street Address)</b>		<b>County</b>	
<b>Zip</b>		<b>Social Security Number</b>		<b>Email Address</b>	
<b>Sex (circle one)</b> Male Female Other_____		<b>Valid Driver's License</b> ____Yes ____No		<b>Transportation</b> ____Yes ____No	
<b>Primary Language</b>					
Is your ability to speak English an employment barrier? ____Yes ____No					
<b>Race (check all that apply)</b> <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 <b>Ethnicity (choose one)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino			<b>Living/Family Status</b> <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) <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: _____		
Are you a veteran? ____Yes ____No (If yes, provide a copy of DD-214)				<b>Citizenship</b> ____ Citizen ____ Eligible, Non-Citizen ____ Non-Citizen <i>If applicable:</i> Alien Reg. Card # _____	
<b>Military Service</b> Branch _____ Recently separated? ____Yes ____No Dates: From _____ to _____ (mm/dd/yyyy) Type of Discharge _____ Are you a Disabled Vet? ____Yes ____No			<b>Selective Service</b> ____ Required/Registered* ____ Not Registered (explain below) ____ Not Required (explain below) _____ *Registration will be verified		
<b>Education Status</b> 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 _____			<b>Current Labor Force Status</b> ____ 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 <b>Unemployment Compensation Status:</b> ____ 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](http://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

(Eligibility Determination Date)

\_\_\_\_\_  
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](mailto:cbendix@swmnpic.org)

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

or

**State EO Officer:** Heather Stein, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota St. E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [heather.stein@state.mn.us](mailto:heather.stein@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](http://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.

\_\_\_\_\_(Initial) 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.

\_\_\_\_\_(Initial) 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

## 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](mailto:cbendix@swmnpic.org)

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

or

**State EO Officer:** Heather Stein, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota St. E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [heather.stein@state.mn.us](mailto:heather.stein@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](http://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

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດຽກ 'າວ' ຟຣີ, ຈົ່ງ ງານຊ່ວຍວົກ  
 ຫຼັກຢາກ ' ານ ໂທ ໂທຕາມເລກໂທ 1-888-487-8251.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.