

Dakota County Dislocated Worker Program Enrollment Checklist

Please check each item as you complete it; ensure all items are included with your application.

- The contents of this packet:
 - Priority of Service Screening Tool**
 - Program Planning Worksheet**
 - Dislocated Worker Program Application**
- Photocopy of your **Valid picture ID** (Driver's License, MN Identification card, Passport or other Government ID)
- Validation of your **FULL Social Security Number** (Copy of Social Security Card or recent W-2)
- Documentation of your employment separation** (Letter of Separation from Employer, or Payment Page from Unemployment Insurance). To print Unemployment Information:
 - If you are receiving unemployment benefits:
 - Log into your online, unemployment account (www.uimn.org)
 - Click on "View and Maintain My Account"
 - Click on "Payment Information"
 - Near the bottom of the page, click "search" leaving dates as is, and you will get a list of all the payments you have received from unemployment insurance.
 - Print this document
 - If you are receiving severance pay AND you have filed a claim for unemployment insurance benefits, but are not yet receiving UI benefit payments:
 - Log into your online, unemployment account (www.uimn.org)
 - Click on "View and Maintain My Account"
 - Click on "Determination and Issue Summary"
 - Click on "the actual number" under the Issue Identification Number
 - Click on "view" Determination of Eligibility
 - Print this document
- 2 Versions of your Resume**
 - Printout as posted on www.minnesotaworks.net
 - Copy of the resume you provide to employers
- Men ONLY (born after December 31, 1959):** Printout of Selective Service Registration
 - To print documentation:
 - www.sss.gov
 - Click on "**Check a Registration**"
 - Enter your **Last Name, Social Security Number, Date of Birth, check the I'm not a robot box, select pictures as directed, click on verify**
 - click "**Submit**"
 - Print a copy of the page showing you are registered
- Military Veterans ONLY:** Copy of your **DD214, Member 4** version.

All items must be completed and attached. CareerForce staff cannot accept the application if any items are missing. Once you have all of the materials printed and completed, mail to either location below, submit in person in West St. Paul or e-mail to careerforce.burnsville@state.mn.us (Faxes will NOT be accepted)

- CareerForce - West St Paul, 1 Mendota Road West, Suite 170, West St Paul, MN 55118
 - CareerForce - Burnsville, 2800 West County Road 42, Burnsville, MN 55337

Once ALL of your paperwork is submitted, expect an email or phone call from a Dislocated Worker Counselor within **10 business days** to set-up an initial meeting.

DAKOTA COUNTY DISLOCATED WORKER PROGRAM
PRIORITY OF SERVICE SCREENING TOOL

Please check which of the following best describes you:

VETERAN

All Veterans that have served at least one day of active duty with other than a dishonorable discharge.

QUALIFIED VETERAN'S SPOUSE

- *Spouse of a Veteran who:*
 - *has a total disability resulting from a service-connected disability;*
 - *died of a service-connected disability;*
 - *died while a disability so evaluated was in existence.*
- *Spouse of an active duty member of the Armed Forces who has been listed as Missing in Action for more than 90 days or was captured in the line of duty by a hostile force or forcibly detained by a foreign government or power.*

PRIORITY OF SERVICE DISLOCATED WORKER

- *Work history includes 10 or more years in the same industry or with the same employer (the 10 years of service need not be consecutive); **and***
- *With the past 3 years, you worked full-time (31+ hours per week) for at least 12 months.*

UNIVERSAL DISLOCATED WORKER

Eligible for unemployment and laid-off from your primary employer.

TRADE ADJUSTMENT ASSISTANCE (TAA)

You received notice of employment termination from a worksite certified for TAA (your employer likely would have informed you of this prior to your employment termination).

Name of employer: _____



If you are not any of the above, you do NOT meet the initial eligibility criteria and cannot apply for this program.

If you are a dislocated worker and are one of the above, check the appropriate box, complete and submit this form. Information regarding this program will be distributed via email if an email address is provided below (check your spam folder).

NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **COUNTY** _____

CITY/STATE/ZIP _____ **CRS/MNW Username** _____

EMAIL ADDRESS _____

LAST POSITION _____ **COMPANY** _____ **SALARY** _____

DATES OF EMPLOYMENT FROM _____ **TO** _____

I authorize the Department of Employment and Economic Development and the county service providers to share information in order to determine priority of services for the Dislocated Worker Program under Title I. I understand this authorization will expire one year from the date of signature on this form or at the completion of my participation in the program including follow-up time.

I confirm that the information provided above is accurate and true to the best of my knowledge (falsification may result in disqualification from the Dislocated Worker Program).

SIGNATURE _____

DATE _____

DAKOTA/SCOTT DISLOCATED WORKER PROGRAM PLANNING SHEET

Name:

Date:

1. JOB SEARCH GOAL (check one)

Full-Time Employment in current occupation SPECIFY:

Full-Time Employment in new career field SPECIFY:

Other (explain):

2. DO YOU HAVE A COMPLETE AND CURRENT RESUME?

Yes

No (explain)

3. ARE YOU CURRENTLY PART OF A JOB SEARCH NETWORKING GROUP? Yes No

4. ARE YOU UTILIZING AN ONLINE NETWORKING WEBSITE (i.e. LinkedIn)? Yes No

5. WHICH OF THE FOLLOWING MINNESOTA CAREERFORCE JOB SEARCH WORKSHOPS/CLASSES HAVE YOU ATTENDED (check all that apply)?

- | | | |
|-----------------------------|------------------------|---------------------------|
| Applications | Mock Interviews | Basic Resume |
| Career Assessment | It's Not Working | Ten Minute Resume Review |
| Career Exploration | Creative Job Search | Microsoft Excel Basic |
| Career X | Job Search Over 40 | Microsoft Excel Charts |
| Dress to Impress | Life Part 2 | Microsoft Excel Formulas |
| Financial Fitness/Literacy | LinkedIn | Microsoft PowerPoint |
| Hope After Job Loss | MinnesotaWorks | Microsoft Word Basic |
| Internet for Beginners | Networking Job Clubs | Microsoft Word Formatting |
| Online Job Search | Scott County Job Club | Microsoft Word Mail Merge |
| Interview Practice | Ex-Offender Job Search | |
| Job interviewing Strategies | Skills Identification | |

6. PLEASE RATE YOUR SKILLS FOR THE FOLLOWING COMPUTER APPLICATIONS/TOOLS:

1 = Excellent, 2 = Good, 3 = Fair, 4 = Have Not Used

- | | | |
|--------------------------|---------------------------|-----------------------|
| ____ Online Applications | ____ Minnesota Works | ____ Microsoft Access |
| ____ Microsoft Excel | ____ LinkedIn | ____ ISEEK |
| ____ Microsoft Word | ____ Microsoft PowerPoint | ____ O*NET |

7. DO YOU HAVE ANY SPECIAL CONCERNS WITH REGARD TO YOUR JOB SEARCH?

- | | | |
|--------------------|------------------|---------|
| Education/Training | Health | Housing |
| Transportation | Wage Replacement | Other: |
| Financial/Credit | Work History | |

8. DOES YOUR OCCUPATIONAL GOAL REQUIRE AN UPGRADE OF YOUR CURRENT SKILLS (i.e. computer, math, reading, communication, customer service, etc.)?

No

Yes - please provide a brief explanation including specific training required:

9. DOES YOUR OCCUPATIONAL GOAL REQUIRE A SPECIFIC CERTIFICATION OR LICENSE (new or renewal, i.e. Nursing Assistant, Class A/B License, PMP, SHRM, CCNA, Network+, Series 6 or 7, Six Sigma, etc.)?

No

Yes - please provide a brief explanation including specific training required:

10. DOES YOUR OCCUPATIONAL GOAL REQUIRE A SPECIFIC CREDENTIAL (i.e. GED, AA, AAS, BA, BS)?

No

Yes - please provide a brief explanation including specific training required:

11. DOES YOUR OCCUPATIONAL GOAL REQUIRE TRAINING IN A NEW CAREER FIELD?

No

Yes (please answer the following):

Have you researched the current job outlook for this occupation? Yes No

Have you researched wage information? Yes No

12. ARE YOU CONSIDERING SELF-EMPLOYMENT/STARTING YOUR OWN BUSINESS?

No

Yes - please provide a brief explanation including business plan and required training (if any):

8. IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, HAVE YOU IDENTIFIED A SPECIFIC TRAINING PROGRAM AND/OR TRAINING PROVIDER?

No

Yes (please answer the following):

Training Provider Name:

Name of Training Program/Class:

Training Start Date:

Length of Program/Class:

Cost:

Applicant Signature:

Date:

Dakota County Employment & Training Program Application

Please complete this form as accurately and completely as possible. If you have any questions, please contact CareerForce and ask to speak with the counselor on-call.

Last Name: _____ First Name: _____ Middle Initial: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Gender: Male Female Birth Date: _____

Veteran: Yes No Veteran Type: Campaign Badge Eligible N/A Other Eligible

Active Duty Start Date: _____ Active Duty End Date: _____

Service-Related Disability: Yes Yes, Special Disabled No

Selective Service Registration (males born after 12/31/59): Not Registered Registration Number: _____

Citizen/Right to Work: Citizen Not a citizen Right to Work

Alien Registration Card Number: _____ Expiration Date: _____

Race: American Indian Asian Black/African American Hawaiian Native/Pacific Islander White

Ethnicity:

Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture regardless of race

Not Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture regardless of race

Disability Status:

Not disabled Yes, & disability is an employment barrier Yes, & disability is not a barrier

Primary Language: _____ Limited English Proficiency: Yes No

Highest Level of Education:

No diploma - highest grade completed: _____ 4-year college degree

GED Education beyond BA

High school diploma No education completed

Some college - years completed: _____

Education Status at Application:

Not attending, no high school diploma/GED

Not attending, high school graduate/GED

Student attending post-high school education program

Pell Grant Status if attending post-secondary institution:

Approved Denied Pending Does not apply

Family Status:

Single/living on your own

Living with your family (living with a spouse - no children living at home)

Parent in 1-parent family (sole custody of 1 or more children at home under age 18)

Parent in 2-parent family (share custodial support for 1 or more dependent children)

Eligible family size (include yourself, spouse, and dependent children under 18): _____

Dependents under 18 years old: _____

Actual household size (total number of persons in your household regardless of age or relationship):

Gross Annual Income prior to lay-off (pre-tax, include spouse if applicable): \$

Social Security Income (SSI) Recipient: I receive SSI for the Aged, Blind or Disabled Does not apply

Temporary Assistance to Needy Families (TANF) or Minnesota Family Investment Program (MFIP) Recipient:
I am listed on a grant as a member of a family receiving TANF/MFIP Does not apply

Homeless: Yes No Offender Status: Yes No Recovering Chemically Dependent: Yes No

Labor Force Status:

Employed full time (31 or more hours a week) Employed part time (30 hours or less a week)
Not in the labor force (not previously working) Unemployed Self-employed

Actively Seeking Employment: Yes No Date Actively Seeking Employment:

Resident of MN at Time Employment Ended: Yes No

Working in MN at Time Employment Ended: Yes No

Unemployment Insurance Benefit Status:

Eligible - claiming Benefits Exhausted Not Eligible
Eligible - not claiming due to severance provided by former employer

Number of Weeks Unemployed:

Months Employed in Primary Career (total number of months/years employed in field of work):

Dislocated Self-Employed (unemployed due to closure of your own business): Yes No

Hourly wage or annual salary of most recent or current job: \$

Hourly wage of dislocated job: \$

Previous Occupation Title: Employer Name:

Previous Job in Government, Public or Non-Profit Business: Yes No

Previous Job with Minnesota Business: Yes No

Previous Job Unionized: Yes No

Rapid Response Experience: Yes No

Permanently Separated: Yes No Last Date Worked for Previous Employer:

Certification Statement

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury. I allow release of this information for verification purposes in accordance with the "Use of Data" statement.

Applicant Signature:

Date: