

Dakota County Employment and Training Services

APPLICATION CHECKLIST

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

- All contents of this packet** (attached): Screening Tool, Planning Sheet, Program Application

- Copy of your valid picture ID**, one of the following for example:
 - Driver's License
 - MN Identification Card
 - Passport
 - Other Government ID

- Validation of your Social Security number**
 - Copy of your signed Social Security card or a recent W-2 Form (Wage and Tax Statement)
 - FULL number must be listed

- If you are eligible for unemployment include documentation of your employment separation**, for example:
 - Letter of separation from employer; or
 - Payment page from Unemployment Insurance, to print:
 - Log in to your unemployment account (www.uimn.org)
 - Click on "View and Maintain My Account"
 - Click on "Payment Information"
 - Near the bottom of the page, click "search" (do not change the dates)
 - Print the document list of all the payments you have received from unemployment insurance.

- Copy of Resume**
 - Resume posted on www.minnesotaworks.net (preferred)
 - Resume you provide to employers

- Men born after December 31, 1959 ONLY: Selective Service Registration**
 - Go to 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 and select pictures as directed
 - Click on verify, then submit and print a copy of the page showing you are registered

- Military Veterans ONLY: copy of your DD214**, Member 4 version

To submit your application: email, mail, or drop-off in-person to either location listed below.

Please note: all items listed above are required; we cannot accept your application if any items are missing. Once all of your paperwork is submitted, expect an email or phone call from a counselor within 5 business days to set-up an initial meeting.

West St. Paul CareerForce

1 Mendota Road West

West St. Paul MN 55118

careerforce.westsaintpaul@state.mn.us

Burnsville CareerForce

2800 County Road 42 West

Burnsville MN 55337

careerforce.burnsville@state.mn.us

Dakota County Employment and Training Services SCREENING TOOL

Please check which of the following best describes you:

- Veteran**
You are a Veteran that has at least one day of active duty with other than a dishonorable discharge.

- Veteran's Spouse**

- Priority of Service Dislocated Worker**
Your 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** you worked full-time (31+ hours per week) for at least 12 months within the past 3 years.

- Universal Dislocated Worker**
You have been laid-off from your primary employer are eligible for unemployment.

- Trade Adjustment Assistance (TAA)**

- I qualify as low income** (example: my child receives free or reduced lunch).

- I am receiving public assistance** (example: SNAP, MA, MFIP) – specify: _____

- I am basic skills deficient.**

- I am an individual with a disability.**

- I am an older individual.**

- I am an ex-offender.**

- I am homeless.**

- I have been unemployed long-term (27 or more consecutive weeks).**

- None of the above apply to me.**

Dakota County Employment and Training Services

PLANNING SHEET

Name: _____ Date: _____

1. Job Search Goal (check one)

- Full-time employment (31 or more hours per week) in current occupation – specify occupation: _____
- Full-time employment in a new career field – specify field: _____
- Part-time employment (30 hours or less per week) in current occupation – specify occupation: _____
- Part-time employment in a new career field – specify field: _____

2. Do you have a complete and current resume?

- Yes
- No

3. Please rate your skills for the following computer applications/tools:

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

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

4. Do you have any special concerns with regard to your job search?

- | | |
|---|---|
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Wage Replacement |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Work History |
| <input type="checkbox"/> Financial/Credit | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other: _____ |

5. Are you considering self-employment/starting your own business?

- No
- Yes – please provide a brief explanation including business plan and required training (if any): _____

6. Does your occupational goal require any of the following (please check all that apply)?

- Upgrade of current skills (i.e. computer, math, reading, communication, customer service, etc.), please specify: _____
- Certification or license/renewal of license (i.e. nursing assistant, Class A/B license, PMP, SHRM, CCNA, Network+, Series 6 or 7, Six Sigma, etc.), please specify: _____
- Credential/Educational Degree (i.e. GED, AA, AAS, BA, BS), please specify: _____
- Training in a new career field, please answer the following:
 - Have you researched the current job outlook for this occupation? Yes No
 - Have you researched wage information? Yes No

7. If you checked any boxes in question 6 above, have you identified a specific training program and/or training provider?

- No
- Yes – please provide details below:
 - Name of training provider: _____
 - Name of training/program/class: _____
 - Training start date: _____
 - Length of training: _____
 - Cost: _____

Dakota County Employment and Training Services PROGRAM APPLICATION

Please complete this form as accurately and completely as possible. If you have any questions, please contact CareerForce.

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

Primary Phone: _____ **Secondary Phone:** _____

Email: _____

Street Address: _____

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

Gender: Male Female **Date of Birth:** _____

Veteran: No Yes

- Veteran Type: Campaign Badge Eligible N/A Other Eligible
- Active-Duty: Start Date: _____ End Date: _____
- Service-Related Disability: Yes Yes, special disabled No

Males born after 12/31/59: Selective Service Registration Number _____ Not Registered

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

- Alien Registration Card Number: _____
- Card 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:

- | | |
|--|---|
| <input type="checkbox"/> No diploma – highest grade completed: _____ | <input type="checkbox"/> 1-year college certificate |
| <input type="checkbox"/> GED | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> 4-year college degree |
| <input type="checkbox"/> Some college – years completed: _____ | <input type="checkbox"/> Education beyond BA |

Education status at time of 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 spouse/no children living at home
- Parent in 1-parent family with sole custody of 1 or more children at home under age 18
- Parent in 2-parent family with shared 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/week) Employed part time (30 hours or less/week)
- Not in the labor force (not previously working) Unemployed Self-employed

Actively seeking employment: Yes No If yes, date actively seeking employment: _____

Resident of Minnesota at time employment ended: Yes No

Working in Minnesota at time employment ended: Yes No

Unemployment Insurance Benefit status:

- Eligible – claiming Benefits exhausted Not Eligible, explain: _____
 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 (latest or last position): \$ _____

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 Dates of employment: from _____ to _____

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 of perjury. I allow release of this information for verification purposes in accordance with the Use of Data" statement.

Applicant signature: _____ Date: _____