

Dakota County Employment and Training Program Enrollment Checklist

Please check each item as you complete it; ensure all items are included with your application.
Workforce Center staff cannot accept the application if any items are not included.

Items to Complete and Return:

- The contents of this packet:
 - Priority of Service form**
 - Program Application**
 - Supplemental Questionnaire**
- 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, recent W-2, etc)
- Resume**
- Men ONLY (born after December 31st, 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

Complete all checklist items to the best of your ability.

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 Adult WIOA Program – Priority of Service Screening Tool

Please check <u>Yes</u> or <u>No</u> for each of the following: <i>(verification may be required and will be requested prior to program enrollment)</i>	Yes	No
I have served at least one day of active duty with other than a dishonorable discharge.		
I am a QUALIFIED VETERANS SPOUSE (definition below). <ul style="list-style-type: none"> • Spouse of a Veteran who: <ul style="list-style-type: none"> ○ 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. 		
I qualify as low income (example: my child receives free or reduced lunch).		
I am receiving public assistance (example: SNAP, MA, MFIP).		
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.		

Please complete and submit this form to the CareerForce staff. *Print clearly* – information will be distributed by email if an email address is provided below (check your spam folder).

NAME: _____ **PHONE NUMBER:** _____
ADDRESS: _____ **COUNTY:** _____
CITY/STATE/ZIP: _____ **MNW USERNAME:** _____
EMAIL ADDRESS: _____
LAST POSITION: _____ **COMPANY:** _____
DATES OF EMPLOYMENT: _____ **to:** _____ **SALARY:** _____

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 WIOA Adult 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 Adult WIOA Program).

SIGNATURE _____ **DATE** _____

For Staff Use Only

___ 1 st Priority: Vet or Eligible Spouse	___ LI	___ RPA	___ BSD		
___ 2 nd Priority: Not Vet or Eligible Spouse		___ LI	___ RPA	___ BSD	
___ 3 rd Priority: Vet or Eligible Spouse					
___ 4 th Priority: Local Priority	___ D	___ OI	___ EO	___ H	___ LTE
___ 5 th Priority: All Other Individuals	___ D	___ OI	___ EO	___ H	___ LTE

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:

Supplemental Questionnaire

Name: _____ Date: _____

Phone: _____ e-mail: _____

Last position: _____ Company: _____

Dates of employment – start: _____ end: _____ Salary/wage: _____

Are you eligible for unemployment? yes no

If No, explain: _____

What type of work are you looking for now, employment goal: _____

What wage are you looking to get now? \$ _____

Annual/yearly income \$ _____ (household now, do not include unemployment or military wages)

Do you have a disability? yes no Is it a barrier to employment? yes no

Do you have any physical or mental condition that limits the kind of work you can do? yes no

Please explain: _____

Are you actively seeking work right now? yes no

Are you looking for full-time or part-time work? full-time part-time

Number of hours per week desired: _____

Last day you physically worked for your last company was: _____

What is your education level right now? _____

Are you looking for training? yes no

If yes, what type of training are you looking for? _____

Have you started this training already? yes no If yes, when? _____

If yes, where are you taking this training from? _____

Family Status:

- Single – living on your own
- Living with your family (living with spouse – no children under 18 living at home)
- Parent in a one-parent family (sole custody of one or more children at home under age 18)
- Parent in 2 parent family (share custodial support for one or more dependent children)

Number of dependents under 18 years of age: _____

Continued on next page

Do you have any special concerns with regard to your job search? Check all that apply

- Education/Training
- Health
- Housing
- Transportation
- Wage Replacement
- Other: _____
- Financial/Credit
- Family Care

Are you currently receiving other assistance? yes no

If yes, check all that apply:

- DWP - Diversionary Work Program
- MFIP - Minnesota Family Investment Program
- GA - General Assistance
- SNAP / Food Assistance
- SSI - Social Security Income
- SSDI - Social Security Disability Income
- TTW Ticket To Work
- Medical Assistance / MN Care

Do you have any other barriers? Please check any and all that apply to you:

- Prior criminal record
- Homeless
- Chemical Dependency
- Unskilled
- Lack of GED or High School Diploma
- Not proficient in the English language
- Need skill updating and review in: Reading Writing Math
- Work History:
 - no work history
 - three or more jobs in past five years
 - reasons for leaving past job(s)
 - gaps in employment

Long term unemployed: (*27 or more consecutive weeks*) number of weeks: _____

Other – please describe: _____