

## 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 31<sup>st</sup>, 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](mailto: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

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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 Yes or No for each of the following:**

*(verification may be required and will be requested prior to program enrollment)*

**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"> <li>• Spouse of a Veteran who:                 <ul style="list-style-type: none"> <li>○ has a total disability resulting from a service-connected disability;</li> <li>○ died of a service-connected disability;</li> <li>○ died while a disability so evaluated was in existence.</li> </ul> </li> <li>• 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.</li> </ul>		
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:** \_\_\_\_\_ **CRS/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 <sup>st</sup> Priority: Vet or Eligible Spouse	___ LI	___ RPA	___ BSD		
___ 2 <sup>nd</sup> Priority: Not Vet or Eligible Spouse		___ LI	___ RPA	___ BSD	
___ 3 <sup>rd</sup> Priority: Vet or Eligible Spouse					
___ 4 <sup>th</sup> Priority: Local Priority	___ D	___ OI	___ EO	___ H	___ LTE
___ 5 <sup>th</sup> 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 should have any questions, please contact the Workforce center and ask to speak with the counselor on-call.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

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 (If male born after December 31<sup>st</sup>, 1959):  Not Registered  Registered, 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, Southern or Central America or other Spanish Culture regardless of race

Not Cuban, Mexican, Puerto Rican, Southern or Central America 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 (indicated highest grade completed: \_\_\_\_\_)

GED  High School Diploma  Some college: 1, 2, or 3 years (circle years complete)

4 Year College Degree  Education beyond BA  No Education 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 one or more children at home under age 18)

Parent in 2 parent family (share custodial support for one 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 (Pre-Tax) Income prior to lay-off (include spouse if applicable): \$ \_\_\_\_\_

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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 hrs 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 Occupational 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       SSI - Social Security Income
- MFIP - Minnesota Family Investment Program       SSDI - Social Security Disability Income
- GA - General Assistance       TTW Ticket To Work
- SNAP / Food Assistance       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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_