

## Inquiry and Application

Applicant Information		
<b>Full Legal Name:</b>	<b>Date:</b>	
<b>Preferred Name:</b>	<b>Birth Date</b> (xx/xx/xxxx)	<b>Social Security Number</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	
Cell: _____ Home: _____		
<b>Are you a citizen of the United States?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO - Eligible Non-Citizen <input type="checkbox"/> No - Non-Citizen, not authorized to work		
<b>Are you a Veteran?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Eligible Spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Are you homeless?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO              If yes, what is your mailing address? _____		
<b>How did you hear about us?</b>		
<input type="checkbox"/> DEED Website <input type="checkbox"/> Virtual Hiring Event <input type="checkbox"/> Counselor _____ <input type="checkbox"/> Flyer <input type="checkbox"/> Unemployment Session <input type="checkbox"/> Agency or School Referral <input type="checkbox"/> CareerForce <input type="checkbox"/> Organization Website <input type="checkbox"/> Other: _____		
<b>What is your primary interest at this time?</b>		
<input type="checkbox"/> Getting a full-time job with little or no training Are you interested in our career pathway training programs? If so, which one: _____ <input type="checkbox"/> Other: _____		
<b>Do you have an employment/job counselor?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO              If yes, who? _____		
<b>CERTIFICATION STATEMENT/RELEASE OF INFORMATION</b>		
<p>I understand that I am being asked to provide private information on the Organization Name to enable the Organization Name to assist me. I understand this information may be shared with others and allowed by law but only after I have received and signed the full Department of Employment and Economic Development Notice How We Use Your Personal Information. I acknowledge and agree that all data I enter will be available to the Organization Name. I further acknowledge and understand that all data entered is subject to the Minnesota Government Data Practices Act.</p> <p>I acknowledge that by electing to receive my information via email in a non-secure manner that the information will not be encrypted, and that it could be intercepted &amp; viewed by a third party. Organization Name is not responsible for unauthorized access to your information in transmission to the email address you designated above.</p>		
Signature		
Client Signature:	Date:	

**APPLICANT INFORMATION**

<b>Full Legal Name:</b>	<b>Gender/Pronoun:</b>	<b>Date:</b>
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**EDUCATION INFORMATION**

**Highest grade completed / School Status:**     High School Diploma     GED

If no High School Diploma, what is the highest grade level you have completed? (0-12) \_\_\_\_\_

College or Other Degree:

License or Certificate Attained \_\_\_\_\_

Currently Attending, Program \_\_\_\_\_ Start Date: \_\_\_\_\_

Attended Some Years of College, No Degree            If Yes, how many years of college? \_\_\_\_\_

Associate's Degree, Program \_\_\_\_\_ Completion Date: \_\_\_\_\_

Bachelor's Degree, Program \_\_\_\_\_ Completion Date: \_\_\_\_\_

Master's Degree, Program \_\_\_\_\_ Completion Date: \_\_\_\_\_

Adult Basic Education             English Language Learner (ELL) Classes

**Have you recently completed any math or reading tests through high school, college (Accuplacer), Adult Basic Education, or other?**     YES     NO    If yes, when was it completed? \_\_\_\_\_

**HOUSEHOLD INFORMATION**

- **Family Member Name:** list all related family members who have lived with you in the past 6 months including parents, siblings, children and stepchildren. Please use additional paper if you have more than 5 family members.
- **Age:** list the ages of all family members
- **Relationship:** write your relationship to the listed family members (ex. spouse, child, etc.)
- **Check if Included in Tax Household:** check any family members who file taxes together with you.
- **Source of Income:** list each family member's source of income if they are included in your tax household. (ex. employment, Unemployment benefits, child support, Social Security, disability, etc.). If you or the family member listed do not have any income, write "none."
- **Total Amount of Income in the Past 6 Months:** list total of all sources of income for each family member listed.

	Family Member Name	Age	Relationship to You	Check if Included in Tax Household	Source of Income	Total Amount of Income in past 6 Months
1.	SELF		SELF	X		
2.						
3.						
4.						
5.						
<b>FOR OFFICE USE ONLY:</b>		Actual Family Size	Eligible Family Size	Total Past Six Months:		
				Total Annualized:		

## EMPLOYMENT HISTORY

- List all paid employment held in the last 3 years, beginning with the most recent or current job. Attach additional job information on a separate sheet, if necessary.
- Complete all sections. Dates must include month/day/year.**
- Check box if you have **No Paid Work History for the last 3 years.**

Dates Employed	Employer Information	
From: Mo. ___/Day ___/Yr ___ To: Mo. ___/Day ___/Yr ___ Last Hourly Wage: _____ # of Hours Worked per Week: _____	Name	
	Address	
	City/State/Zip	
	Job Title	
Office Use Only: Amount Earned \$	Job Duties	

<b>Reason for leaving:</b> <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Working <input type="checkbox"/> Quit <input type="checkbox"/> Medical <input type="checkbox"/> Contract Ended <input type="checkbox"/> Plant closing <input type="checkbox"/> Department/shift eliminated <input type="checkbox"/> Temp. Assignment Ended <input type="checkbox"/> Accepted Buy-out Package <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA) <b>Did your job end due to COVID-19?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Expect to return to this employer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ <b>Do you belong to a union?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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From: Mo. ___/Day ___/Yr ___ To: Mo. ___/Day ___/Yr ___ Last Hourly Wage: _____ # of Hours Worked per Week: _____	Name	
	Address	
	City/State/Zip	
	Job Title	
Office Use Only: Amount Earned \$	Job Duties	

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**Status of Unemployment Benefits** (check one)

- Have not applied for Unemployment benefits
- Determined eligible for unemployment benefits. Amount per week \$ \_\_\_\_\_
- Eligible for unemployment benefits, but not claiming. If not, why? \_\_\_\_\_
- Determined Ineligible for Unemployment. Reason \_\_\_\_\_
- Recently applied and pending Unemployment determination
- Exhausted Unemployment benefits (\$0 account balance)

**Were you dependent upon the income of another family member (not yourself) that you are no longer supported by?**  YES  NO

**Does anyone in the household receive income from Social Security (Retirement, Survivors, or Disability) or Supplemental Security Income?**  YES  NO

If Yes, who receives it? \_\_\_\_\_

**Do you have a disability?**  YES  NO  Choose not to disclose

If Yes, check all that apply:  Physical Impairment  Mental Impairment  
 Both Physical/Mental Impairment  Choose not to disclose

If Yes, do you feel your disability is a barrier to employment?  YES  NO

If Yes, do you require accommodations?  YES  NO

If Yes, what type of accommodations? \_\_\_\_\_

**Do you feel you have limited English speaking ability?**  YES  NO

If English is limited, do you require an interpreter?  YES (specify language \_\_\_\_\_)  NO

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  Choose not to self-identify

**Race:** (Check all that apply)  American Indian/Alaskan Native  Hawaiian Native/ Pacific Islander

Black/African American  White  Asian  Choose not to self-identify

Your answer to this question is voluntary. Do you, a friend, or any member of your family have a history of opioid use? Please answer  YES  NO

**CERTIFICATION STATEMENT/RELEASE OF INFORMATION**

I certify that the information is true to the best of my knowledge. I am aware that the information I provide is subject to review and certification and I may have to produce documents to support this application. I am also aware that I am subject to termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

**Signature**

Applicant Signature:

Date: