

Dakota County Dislocated Worker Program Enrollment Checklist

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

- Watch the Overview at mn.gov/deed/dakotascott (click Burnsville or West Saint Paul, then: 1-"About this WorkForce Center," 2-"Partners and Services," 3-under Services "For Workers Facing a Layoff")
- A completed [Priority of Service Screening Tool](#) (links available at mn.gov/deed/dakotascott)
- Documentation of your employment separation (Lay-off Letter from Employer, OR Payment Page from Unemployment Insurance)
 - To print Unemployment information - **if you are receiving monies from unemployment insurance:**
 - ◆ Log into your online, unemployment account (www.uimn.org)
 - ◆ Click on "View and Maintain My Account"
 - ◆ Click on "Payment Information"
 - ◆ Towards the bottom of that page, click "search" leaving all the dates as is and this will get you a list of all of the payments you have received from unemployment insurance.
 - ◆ Print this document.
 - To print Unemployment information - **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 on-line, 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
- Photocopy of your Valid picture ID (Driver's License, Minnesota ID, Passport, or other Government ID)
- Resume = Printout of your complete resume as posted on www.minnesotaworks.net
- Resume = Copy of the resume you provide to employers
- Validation of your Social Security Number (Copy of your signed Social Security Card or recent W-2)
- A completed [Program Planning Worksheet](#) (links available at mn.gov/deed/dakotascott)
- A completed [Dislocated Worker Program Application](#) (links available at mn.gov/deed/dakotascott)
- If you are a military veteran – a copy of your DD214, Member 4 version
- Men only (born after 12/31/59) – a printout showing you are registered for Selective Services.
 - To print documentation go to www.sss.gov
 - ◆ Click on: Check Registration and then click on Verify Now
 - ◆ Enter Last Name, Social Security Number, Date of Birth and secret code provided on the site– then click "Submit"
 - ◆ Print a copy of the page showing that you are registered.

All items must be check marked as completed and attached, WorkForce Center staff will not accept the application if any items are not addressed.

Incomplete applications will be mailed back for re-submission.

Once you have all of the materials printed and completed turn them in at either location below, either in person or by mail faxes and emails will not be accepted:

- West St. Paul WorkForce Center, 1 Mendota Road West, Suite 170, West St. Paul, MN 55118
- Burnsville WorkForce Center, 2800 County Road 42 West, 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 VETERANS 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.

UNIVERSAL 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**
- Within the past 3 years, you worked full-time (31+ hours per week) for at least 12 months.

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 to the Resource Room 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 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 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 January 1, 1960 or later): 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): \$ _____

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: _____

DAKOTA/SCOTT COUNTY DISLOCATED WORKER PROGRAM
PROGRAM PLANNING WORKSHEET

NAME: _____ DATE: _____

1. JOB SEARCH GOAL:

___ 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 ___

IF NO, PLEASE EXPLAIN: _____

3. ARE YOU CURRENTLY PART OF A JOB SEARCH NETWORKING GROUP? YES ___ NO ___

4. ARE YOU UTILIZING AN ONLINE NETWORKING WEBSITE (IE: LINKEDIN)? YES ___ NO ___

5. WHICH OF THE FOLLOWING MINNESOTA WORKFORCE CENTER JOB SEARCH WORKSHOPS/CLASSES HAVE YOU ATTENDED?

- | | | |
|---------------------------------|----------------------------|-----------------------------------|
| ___ Career Exploration | ___ Creative Job Search | ___ Career Success Essentials |
| ___ CareerX | ___ Interview Practice | ___ It's Not Working |
| ___ Job Interviewing Strategies | ___ Job Search Over 40 | ___ LinkedIn Demonstration |
| ___ Mock Interviews | ___ Networking Job Clubs | ___ New Leaf for Former Offenders |
| ___ Simply Good Eating | ___ Skills Identification | ___ Ten Minute Resume Review |
| ___ Financial Fitness/Literacy | ___ Online Job Search | ___ Microsoft Excel Basic |
| ___ Microsoft Excel Formulas | ___ Microsoft Excel Charts | ___ Microsoft PowerPoint |
| ___ Microsoft Word Basic | ___ MS Word Formatting | ___ Microsoft Word Mail Merge |

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

1 = EXCELLENT 2 = GOOD 3 = FAIR 4 = HAVE NOT USED

- | | | |
|-------------------------|---------------------------|--------------------|
| ___ ONLINE APPLICATIONS | ___ LINKEDIN (OR SIMILAR) | ___ MICROSOFT WORD |
| ___ MICROSOFT EXCEL | ___ POWERPOINT | ___ ACCESS |
| ___ MINNESOTA WORKS | ___ O*NET | ___ ISEEK |

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?

(Examples include; computer, math, reading, communication, customer service)

IF YES, PLEASE PROVIDE A BRIEF EXPLANATION INCLUDING SPECIFIC TRAINING REQUIRED:

9. DOES YOUR OCCUPATIONAL GOAL REQUIRE A SPECIFIC CERTIFICATION OR LICENSE (NEW OR RENEWAL)?

(Examples include; Nursing Assistant, Class A/B License, PMP, SHRM, CCNA, Network+, Series 6 or 7, Six Sigma)

IF YES, PLEASE PROVIDE A BRIEF EXPLANATION INCLUDING SPECIFIC TRAINING REQUIRED:

10. DOES YOUR OCCUPATIONAL GOAL REQUIRE A SPECIFIC CREDENTIAL?

(Examples include GED, DIPLOMA, AA, AAS, BA, BS)

IF YES, PLEASE PROVIDE A BRIEF EXPLANATION INCLUDING SPECIFIC TRAINING REQUIRED:

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

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

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? YES ___ NO ___

IF YES, PLEASE PROVIDE A BRIEF EXPLANATION INCLUDING BUSINESS PLAN & TRAINING (IF ANY) REQUIRED:

13. IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, HAVE YOU IDENTIFIED A SPECIFIC TRAINING AND/OR TRAINING PROVIDER? YES ___ NO ___

TRAINING PROVIDER NAME: _____

NAME OF TRAINING PROGRAM/CLASS: _____

TRAINING START DATE: _____ LENGTH OF PROGRAM/CLASS: _____

COST: _____

Applicant Signature: _____ Date: _____