

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): \$ _____

Dakota County Employment & Training Program Application, Page 2

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: _____