



(Complete application in ink!)

Legal Full Name Last _____ First Name _____ Middle _____

Street Address _____ Apt. # _____

City _____ County _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____
(By providing your email address, you give Anoka County JTC permission to correspond with you via email)

Social Security # _____ - _____ - _____ Age _____ Date of Birth ____/____/____

Gender: Male Female

Ethnicity: Hispanic or Latino

Race: (Check all that apply)

- American Indian/Alaskan Native
- Black/African American
- White
- Asian
- Hawaiian Native/Pacific Islander

Authorization to Work Status (Check one):

- U.S. Citizen
- Eligible Non-Citizen
- Non-Citizen: Not authorized to work

Alien Reg. # _____

Expiration Date _____

Veteran Status:

- I served in the active U.S. military, naval, or air service for a period of **greater than 180 days**, and was discharged under conditions other than dishonorable.
- I served in the active U.S. military, naval, or air service for a period of **less than or equal to 180 days**, and was discharged under conditions other than dishonorable.
- I am a spouse of a U.S. Veteran
- I am a Disabled Veteran. If a Disabled Veteran, what is the VA Disability Rating? _____%
- None of the above situations apply.

Selective Service (males only): Are you registered with the Selective Service? Yes No

MILITARY HISTORY

Branch of Service Name: _____ War/Campaign: _____

Dates of Service: ____/____/____ To: ____/____/____

Job Title: _____ Wage: \$ _____/hour

List job duties, skills and responsibilities: _____

Type of Discharge: Military Honorable Discharge Other than Honorable Discharge Dishonorable Discharge

FAMILY MEMBERS AND FAMILY INCOME HISTORY

- List all related family members: parents, siblings, children (include step family members) you have lived with in the last six months.
- List age and relationship of each family member to program applicant.
- Check (✓) if family member is claimed as a dependent in the last 6 months. If none, please write "none".
- List sources of gross income: employment, social security, disability, etc. for each family member.

Family Member Name	Age	Relationship	✓ if claimed as a dependent	Source of Income	Total Amount of Income in the Past 6 Months
1.		Applicant			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
FOR OFFICE USE ONLY	Actual Family Size	Eligible Family Size	Total Past Six Months		\$
			Total Annualized		\$

Has your family size changed in the past 6 months? Yes No

If yes, please explain and give dates: _____

OTHER INCOME

Does anyone in the household receive Social Security Income? Yes No

If yes, check who: Self Other Family Member

Which type: SSDI (Social Security Disability)

RSDI (Retirement, Survivors, & Disability)

Status of Unemployment Benefits: (check one)

- Eligible for unemployment benefits, but not claiming
- Eligible for unemployment benefits \$ _____ per wk
- Exhausted unemployment benefits
- Not eligible for unemployment benefits

Have you been determined eligible to receive food benefits in the past 6 months? Yes No

Do you receive public assistance? Yes No

If yes, check which type:

- DWP (Diversionary Work Program)
- Food Benefits (also known as SNAP)
- GA (General Assistance)
- MFIP (MN Family Investment Program)
- RCA (Refugee Cash Assistance)
- SSI (Supplemental Security Income)

EDUCATION HISTORY

- Are you currently attending school? Yes No If yes, check: Junior High/Middle School High School GED
 ESL Level _____ Alternative School/Program Community College Technical College University
 Name of School/College: _____
 Start Date: _____ Expected Graduation Date: _____ Program: _____
- Are you now or will you receive any of the following financial aid? Yes No
 Scholarship Student Grant (Alliss, etc.) Pell Grant Work Study Student Loan
- Highest grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12
 Certificate of Attendance/Completion High School Diploma GED College: 1 2 3 4

Type of Education Institution Attended:	Name & Location of Education Institution:	Degree Received:	Major/Specialty	Dates Attended:
High School				
Technical School				
College/University				
Other Institution of Learning				
List any special certifications or license:				

HEALTH/PERSONAL

- Are you homeless? Yes No
- Do you have a disability? Yes No
 If yes, check **all** that apply: Physical Impairment Mental Impairment Both physical and mental impairment
 Choose not to disclose any disabilities
 If disabled, do you feel your disability is a barrier to employment? Yes No
- Are you a displaced homemaker?* Yes No
**(You were dependent on the income of another family member, but are no longer supported by that income; and you are unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.)*
- Are you a recovering chemically dependent person who feels this has interfered with your ability to obtain training or employment? Yes No
- Do you feel you have limited English speaking ability? Yes No
- Do you have a record of arrest or conviction? Yes No
 If yes, do you feel your arrest or conviction is a barrier to employment? Yes No
- Are you participating in a Juvenile Offender Diversion program? Yes No

Probation Officer: _____ Phone Number: _____

EMPLOYMENT HISTORY

- LIST ALL PAID EMPLOYMENT HELD IN THE LAST 5 YEARS, BEGINNING WITH THE MOST RECENT OR CURRENT JOB. ATTACH ADDITIONAL JOB INFORMATION ON A SEPARATE SHEET, IF NECESSARY.
- **COMPLETE ALL WHITE SECTIONS. DATES MUST INCLUDE MONTH/DAY/YEAR.**
- Check box if you have NO PAID WORK HISTORY FOR THE LAST 5 YEARS

Dates Employed	Employer Information
From: Mo. /Day /Year	Name
To: Mo. /Day /Year	Address
Last Hourly Wage:	City, State, Zip
# of Hours Worked per Week:	Job Title:
Office Use Only: Amount Earned \$	Job Duties:
Reason for leaving: <input type="checkbox"/> Plant closing <input type="checkbox"/> Department/shift eliminated <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Medical <input type="checkbox"/> Quit <input type="checkbox"/> Still working <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA)	
Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

Employed: weeks, days Unemployed: weeks, days months (in same occupation)

26

52

WHICH OF THE FOLLOWING IS YOUR PRIMARY INTEREST AT THIS TIME?

- Getting a full-time job with little or no training
- Enrolling in training to get a certificate or degree before seeking full-time employment

What training are you interested in? _____

Is it one of our career pathways training programs? If so, check one:

- Office Administration Certified Nursing/Home Health Aide Precision Sheet Metal
- Other _____

HOW DID YOU HEAR ABOUT US?

- DEED Website
- Flyer
- Counselor
- WorkForce Center
- Craigslist
- Anoka County Website
- Other: _____

IF YOU ARE 24 YEARS OR YOUNGER, PLEASE CHECK ALL THAT APPLY:

- I am a child of a chemically dependent parent
- My parent is currently enrolled with the Dislocated Worker Employment Program
- I am a foster child Foster parent's name _____
Licensed through _____ Phone # _____
- I am pregnant or a parent
- I have read all of the above statements and none of them apply to me

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.

PLEASE SIGN IN INK!

Applicant Signature

Application Date

If under 18, Parent/Legal Guardian Signature

Application Date

FOR OFFICE USE ONLY

- WIOA Adult WIOA In-School Young Adult WIOA Out-of-School Young Adult
- WIOA Dislocated Worker MN Dislocated Worker MN Youth
- Career Pathways/P2P _____ DEI _____
- Other _____
- Requires additional assistance to complete an educational program or to secure and hold employment
(not in school, underemployed or unemployed at least six months and have not completed post-secondary skills training)

Anoka Job Training Center Staff Signature

Date

Anoka Job Training Center Staff Signature

Date

i:/jtc/share/agency application/universal application.docx

How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and



Minnesota Department of Employment and Economic Development (DEED)

Anoka County Job Training Center

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide eligibility for services and service you are eligible for, and coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the next page). I understand that I have the right to file a complaint of discrimination.

Name (Print)

Signature

Date

Name (Print)

Signature of Parent/Guardian (if applicant is under 18)

Date

AGENCY COPY

This material is available in alternative formats, such as large print, Braille, or audio tape.

Equal Opportunity Is the LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, national origin, color, religion, sex, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA)/Workforce Innovation and Opportunity Act of 2014 (WIOA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA/WIOA Title I-financially assisted program or activity.

This recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA/WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such program or activity; or
- Making employment decisions in the administration of, or in connection with, such program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIA/WIOA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

Inquiries

Local Equal Opportunity (EO) Officer

Nicole Swanson
Anoka County WorkForce Center
1201 89th Avenue NE, Ste 235
Blaine, MN 55434
763-783-4866 (Voice)
763-717-7813 (TTY)
763-483-4844(FAX)
Nicole.Swanson@co.anoka.mn.us

Inquiries

WIA/WIOA EO Officer

Susan Tulashie, DEED
Workforce Development Division
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7586 (Voice)
651-296-3900 (TTY)
651-215-3842 (FAX)
Susan.Tulashie@state.mn.us

Inquiries

State EO Officer

Karen Lilledahl, DEED
Diversity & Equal Opportunity
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7089 (Voice)
651-296-3900 (TTY)
651-297-5343 (FAX)
Karen.Lilledahl@state.mn.us

- The Director, The Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. Or Fax 202-693-6505 ATTENTION: Office of External Enforcement,
Email: CRCEXternalComplaints@dol.gov, Telephone: 202-693-6502, URL:
www.dol.gov/oasam/programs/crc/

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

This material is available in alternative formats for individuals with disabilities by calling 651-259-7094.
English Language Revised September, 2015



**CONSENT TO COLLECT
WAGE AND EMPLOYMENT DATA ON
INDIVIDUALS**

Minnesota WorkForce Center System

The Minnesota WorkForce Center System is asking for your consent to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data (wage and employment information) we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time during this period. If you want to stop your consent, you must write to Nicole Swanson, MN WorkForce Center, Anoka County, 1201 89th Avenue NE, Ste 235, Blaine, MN 55434, and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to an Anoka County Job Training Center Representative before you sign.

- I give my consent for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release my wage and employment records;
- I agree to let DEED UI release this data to the WorkForce Center System for up to three years;
- I understand that the WorkForce Center System needs to collect the data in order to determine outcomes for workforce development programs;
- I understand that, whether or not this data is released to the WorkForce Center System, it will not affect my participation in Anoka County Job Training Center programs;

Signature of Customer _____ Date Signed _____
Print Name _____

Signature of Parent or Guardian _____ Date Signed _____
(If customer is under 18)

Signature of Person Explaining this Form _____ Date Signed _____

AGENCY COPY

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When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

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_____	_____	_____
Name (Print)	Signature	Date
_____	_____	_____
Name (Print)	Signature of Parent/Guardian (if applicant is under 18)	Date

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Susan.Tulashie@state.mn.us

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Email: CRCEXternalComplaints@dol.gov, Telephone: 202-693-6502, URL:
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Signature of Customer _____ Date Signed _____

Print Name _____

Signature of Parent or Guardian _____ Date Signed _____

(If Customer is under 18)

Signature of Person Explaining this Form _____ Date Signed _____

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