

TRAINING APPLICATION

What law? (Check one year only): 2002 2009 2011 2015 2021 Reversion

CUSTOMER INFORMATION

Name (First, MI, Last): _____ Last # SSN: _____

Home Address (street, city, state, zip code): _____

Preferred Phone: _____ Email: _____

Date of Birth (mm/dd/yy): _____ WF1 ID: _____ DW Enrollment Date: _____

Certified Employer Name and/or Employment Agency/Contractor: _____

Employment Start Date (mm/dd/yy): _____ Employment End Date (mm/dd/yy): _____

Petition Number: _____ Certification Date: _____ Impact Date: _____ Expiration Date: _____

DISLOCATED WORKER COUNSELOR INFORMATION

Counselor Name: _____ Agency Name: _____

Email Address: _____ Phone Number: _____

TRADE READJUSTMENT ALLOWANCE

1. Check one statement below that indicates your current employment status.
 - I am laid off from the certified employer.
 - I am still working for the certified employer but am at risk of layoff or have a scheduled layoff date.
 - I am still working for the certified employer and my hours have been cut.
 - I quit working for the certified employer.
 - I was discharged from the certified employer.
2. Date of the first layoff after the impact date (layoff of 7 days or more (mm/dd/yy): _____
3. Date of last layoff from employer (mm/dd/yy): _____
4. During the 52 weeks prior to your final layoff, how many weeks did you work and earn \$30.00 or more? _____
5. If fewer than 26 weeks, did you receive Worker’s Compensation, vacation leave, sick leave, medical leave, FMLA, jury duty, or any other employer authorized leave? Yes No
If yes, how many weeks of employer authorized leave did you receive? _____
6. Do you work for any other employer? Yes No If yes, complete the following:
 - a. Employer Name and Address: _____
Reason for Separation: _____ Employment Start and End Dates: _____
 - b. Employer Name and Address: _____
Reason for Separation: _____ Employment Start and End Dates: _____
 - c. Employer Name and Address: _____
Reason for Separation: _____ Employment Start and End Dates: _____

DATA PRIVACY AUTHORIZATION

The information you provide will be used by the Trade Adjustment Assistance Program to determine your eligibility for a Trade Act weekly wage subsidy.

United States Code Title 42 section 1320b-7 requires that Applicants provide their social security number to be eligible for unemployment benefits. Incomplete applications cannot be processed.

Information you or your employer provide to the Unemployment Insurance Program is classified as private under Minnesota law. It cannot be disclosed without your written permission except as specified in state or federal law. Below is a partial list of agencies that may obtain information you provide the Unemployment Insurance Program.

Child Support Enforcement Agencies
 Federal and State Law Enforcement
 Internal Revenue Service
Minnesota Department of Revenue
 Social Security Administration
 State & Local Public Assistance Agencies
Unemployment Insurance Programs in other States
 U.S. Immigration and Customs Enforcement

Minnesota Statute 268.19 has the complete list of agencies that may obtain your information from the Unemployment Insurance Program. Information you provided may be verified with these agencies through electronic matching.

***I have read and understand the above. Please check this box.**

EMPLOYMENT HISTORY

Job Title at the Certified Employer: _____

Base Salary (Hourly/Annual): _____ Years worked in this job: _____

Job Duties and Skills: _____

Certifications, Licenses, Degrees, and/or other Credentials: _____

Highest Level of Education: _____ Field(s) of Study: _____ Training Institution: _____

Labor Market Information (LMI): "Career and Education Explorer" at <https://apps.deed.state.mn.us/lmi/cpt/Search> – use regional information based on the location of the TAA certified employer. If regional information shows "N/A" then statewide statistics may be used. TAA only needs two pages "Wage" and "Demand" statistics – **Attach both pages to training plan.**

Current LMI for Trade Affected Job (%): _____ Median Wage for Trade Affected Job: _____

WORK SEARCH

Date Applied (mm/dd/yy)	Company Name	Job Title Applied For	Wage	Contact Person Name	Comments (Any response? Interview?)

FUTURE EMPLOYMENT OUTLOOK

Employment Goal: _____ Employment Goal Job Code: _____

Required Credential for Future Employment: _____

Labor Market Information (LMI): Use "Career and Education Explorer" at <https://apps.deed.state.mn.us/lmi/cpt/Search> to provide two pages of LMI data: "Wage" and "Demand" for the local region - **Attach both pages to training plan.**

For relocation within the US, send data for location where customer plans to relocate.

Current LMI for Employment Goal (%): _____ Median Wage for Employment Goal: _____

Do you have prior experience in this occupation? Yes No

If yes, explain; if No, explain why you are interested:

Is the future employment salary at least 80% of your trade impacted salary? Yes No

If No, explain why you chose this occupation:

CHOICE OF TRAINING INSTITUTION RESEARCH

Pursuant to CFR 618.610 Trade Adjustment Assistance (TAA) customers must meet certain eligibility criteria related to the choice of training institution. Customers should do a comprehensive comparison of all available school programs for the training they seek. Approval is based on the following in this order.

Shortest training completion (Criterion 6)

Customers should seek the soonest available training and training that results in the soonest training end date.

Available at a reasonable cost (Criterion 4 and 6)

Customers should select training that is available at a reasonable cost in comparison to other similar training programs. A higher cost training may be considered if the completion date of training is sooner than other programs at a lower cost.

Is within the local commuting area (Criterion 4)

Customers should select training that is within their local commuting area (15 miles one-way) unless the training can be completed in a sooner timeframe or is available at a lower cost than local training.

Please enter information in the table below for at least 3 school comparisons.

School	Program	Start date	End date	Total credits	Cost per Credit	Total cost	Miles (one-way)

Please note: TAA staff may perform additional research and request additional information about training options to ensure the Six Criteria for Approval are appropriately documented. An academic plan showing which courses will be taken each term until completion may be requested.

TRAINING

Training Institution: _____ Address: _____

Training Program: _____ Credential Type: _____ Student Email Address: _____

Type of Training (check two boxes): Full-time or Part-time Classroom Online or Both Classroom & Online

Start Date of Training (mm/dd/yy): _____ End Date of Training (mm/dd/yy): _____

Total Training Weeks (should not include scheduled breaks between terms.): _____ Student ID: _____

Program Credits: _____ Credits to Complete: _____ Cost Per Credit: _____

Provide estimated costs for the following. Additional documentation may be required later.

Books: _____ Computer: _____ Software: _____ Uniform/Clothing: _____ Parking Pass: _____ Tools: _____

Exams/Licenses: _____ Good Faith Estimate (Cost of tuition + Cost of Additional Items): _____

YOU WILL NEED PRE-APPROVAL BEFORE ANY PURCHASE RELATED TO TRAINING.

Are you taking at least one online course? Yes No

If yes, will you need assistance paying internet costs? Yes No

Will you need to travel more than 15 miles one way to attend training? Yes No

If Yes, please include a map showing the distance from your home to school. TAA will assist with mileage beyond the commuting area (15 miles one way).

For the purpose of training, do you intend to maintain a second residence? Yes No

If Yes, please attach a map showing the distance from your home to school and proof for cost of residence and meal plan (if applicable).

FUTURE EMPLOYMENT

List three employers currently hiring in your region that require the credential you will receive.

Company Name	Job Title	Credential Needed	Experience Needed	Base Pay

ADDITIONAL INFORMATION

*Trade Readjustment Allowance (TRA) is income support for Customers in TAA-approved training. There are strict eligibility requirements for these benefits. Approval of training does not guarantee your eligibility for TRA benefits. **TRA benefits may not last through your training program.***

What plans do you have to complete training if TRA benefits expire during your training?

TAA prefers that Customers not take out student loans. If student loans were mentioned above as part of your plan to complete training should TRA benefits expire, explain why you would require them:

****Questions related to your TRA eligibility should be sent to deed.tra@state.mn.us.****

Are there issues that may interfere with training completion? Yes No

If yes, explain the issues and how you will overcome them:

Dislocated Worker Counselor: *I have discussed the possibility of TRA benefits exhausting and this Customer has a solid plan in place to support themselves without these benefits. Please initial here: _____*

CHECKLIST

Please review the application and make sure all fields are complete. Your application will be returned if you do not answer all questions. Please check and submit the following documents along with your application:

- 1. Training acceptance letter or a copy of your current class schedule.
- 2. List of program courses along with required remedial and/or prerequisite courses, if applicable.
- 3. Cost of training document from the training institution, including required tools and supplies, if applicable.
- 4. List of required tools, supplies, uniforms, and other expenses for your program on school letterhead, if applicable.
- 5. Labor market information for past and future employment. [Labor Market Information, Career and Education Explorer](#).
- 6. If traveling more than 15 miles, include a map showing the distance from your home to the training institution.
- 7. Resume uploaded and printed from [MinnesotaWorks](#).
- 8. A signed and dated employment plan. (DW Counselors, this also needs to be documented in WF1 under Plan.)
- 9. A copy of a completed standardized assessment.
- 10. A Waiver of Training form, if applicable.

TAA POLICIES

You must read each policy listed below and check each box. Checking the box means you understand the policy, what is required of you, and what the implications are of not following policy requirements.

- One-Time Poor Performance <https://apps.deed.state.mn.us/ddp/PolicyDetail.aspx?pol=400>
- Tools and Supplies: <https://apps.deed.state.mn.us/ddp/PolicyDetail.aspx?pol=320>
- Choice of Training Institutions: <https://apps.deed.state.mn.us/ddp/PolicyDetail.aspx?pol=178>
- Computers and High Technology Tools: <https://apps.deed.state.mn.us/ddp/PolicyDetail.aspx?pol=325>

CUSTOMER RESPONSIBILITIES

By checking each box, you understand your responsibility and what the implications are if you fail to comply with each responsibility.

- I must maintain contact with my Dislocated Worker Counselor every 30 days, or per counselor instructions.
- I must submit progress reports to my DW Counselor every 60 days while in TAA approved training.
- I must provide my class schedule and grades to my Dislocated Worker Counselor every term.
- I must provide a copy of the credential I receive at the end of my training to my Dislocated Worker Counselor.
- I must notify and provide employment details to my Dislocated Worker counselor when I secure employment.
- Failing to do any of the above may result in termination of my TAA benefits, cancellation of my Trade Readjustment Allowance (TRA) and may result in an overpayment charge for TAA/ TRA benefits already received.
- I will only be reimbursed for expenses that meet TAA requirements and are pre-approved.
- All equipment, tools, computer, and supplies purchased by the Minnesota Department of Employment and Economic Development (DEED) are for my use only and I am responsible for their reasonable use and care.

VENDOR REGISTRATION

Pre-Approved purchases can only be reimbursed if you are registered with the State of Minnesota as a vendor.

Should you choose to take this step at this time, it will expedite payments for such items as mileage, required tools, required textbooks, technology, or relocation. To register as a vendor, go to the following site: <http://mn.gov/supplier>.

Once you have received your vendor ID, please print or type here: _____

SIGNATURES

Before signing the training application, review the following statements and check each box:

- I understand that by signing this application I authorize the release of my student records, contact information, transcripts, and copies of any certification and or credentials received to the TAA Unit from both the training institution and the Dislocated Worker Program. This authorization is good for one year following the end date of training. By checking this box, I am assuring that TAA will provide credential-based training funds for my training plan once approved.
- I prefer to receive all required notices, determinations, and decisions by email, rather than by mail. I may change this preference at any time by informing TAA in writing.
- I understand that I am responsible for keeping TAA informed of my current email and mailing address (if I have chosen to receive communications by mail.) This obligation continues for two years after I am no longer enrolled in TAA or receiving benefits, because determinations affecting my eligibility could be issued during that period. If I fail to keep TAA updated about my email or mailing address, I could miss important appeal deadlines.
- I understand that there are penalties for willful misrepresentation made to obtain benefits I am not entitled to.

Customer Signature: _____ Date: _____

Dislocated Worker Counselor—I have reviewed the application and recommend that the training be approved.

Dislocated Worker Counselor Signature: _____ Date: _____

TAA Specialist—I approve the request for training.

TAA Specialist Signature: _____ Date: _____

SIX ELIGIBILITY REQUIREMENTS

A training request can be approved if a Customer meets all six criteria. DW Counselors, please carefully review these criteria with the Customer. (These items are subject to monitoring in both the Dislocated Worker and Trade Adjustment Assistance Programs.)

1. There is **no employment available** that is similar to or better than your previous position.
2. You would **benefit from training**.
3. It is reasonable to expect that you will be **employed following completion of training**.
4. The **training is available**.
5. You are **qualified to undertake the training**.
6. The training is **suitable** for you **and available** at a reasonable cost.

EIGHT CASE MANAGEMENT SERVICES

All Customers participating in the Trade Adjustment Assistance program must be notified of all eight case management services available to them. (These items are subject to monitoring in both the Dislocated Worker and Trade Adjustment Assistance Programs.) DW Counselors please initial and date each of the eight services once you have discussed with the Customer.

1. Comprehensive and specialized **assessment of skill and interest levels** including (a) diagnostic testing and use of other assessment tools; and (b) in-depth interviewing and evaluation to identify employment barriers and appropriate employment goals: _____
2. Development of an **individual employment plan (IEP) or (ISS)** to identify employment goals and objectives, and appropriate training to achieve those goals and objectives: _____
3. Information on training available in local and regional areas, individual counseling to determine which training is suitable, and how to apply for such training: _____
4. Information on **how to apply for financial aid** through [FAFSA](#) (per section 402 F of the Higher Education Act of 1965) if applicable: _____
5. **Workshops**, including development of learning skills, communication skills, interviewing skills, punctuality, personal hygiene, and professional conduct to prepare individuals for employment or training:
6. **Individual career counseling**, including job search during and after the period in which the individual is receiving training: _____
7. **Labor Market Information (LMI)** relating to local, regional, and national labor market areas, including job listings in such labor market areas; information on job skills necessary to obtain jobs identified in job listings; and earnings potential of such occupations: _____
8. Information relating to the availability of **support services**, including services relating to childcare, transportation, dependent care, housing assistance, and needs-related payments that are necessary to enable an individual to participate in training: _____

SIGNATURES

Customer – My Dislocated Worker Counselor has shared all eight case management services with me and has discussed the six eligibility criteria.

Signature / Date: _____

Dislocated Worker Counselor – I have notified the Customer of all eight case management services available to them and have discussed the six eligibility criteria.

Signature / Date: _____