

Dakota County Employment and Training 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 (1-click Burnsville or West Saint Paul, then: 2- "About this WorkForce Center," 3-"Partners and Services," 4-under Services "For Workers Facing a Layoff")
 - A completed **Supplemental Questionnaire** (links available at mn.gov/deed/dakotascott)
- Photocopy of your Valid picture ID (Driver's License, Minnesota ID, Passport, or other Government ID)
- Resume
- Validation of your Social Security Number (Copy of your signed Social Security Card or recent W-2)
- A completed **Program Application** (links available at mn.gov/deed/dakotascott)
- Men only (born after December 31, 1959) – a printout showing you are registered for Selective Services
 - To print documentation, go to www.sss.gov
 - ◆ Click on "Check a Registration" and then click on "Verify Now"
 - ◆ Enter Last Name, Social Security Number, and Date of Birth and secret code provided on the site – then click "Submit"
 - ◆ Print a copy of the page showing that you are registered
 - ◆ If you need assistance with this, please see the Resource Room staff.
- If you are a military veteran – a copy of your DD214, Member 4

Complete all checklist items to the best of your ability.

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 an Employment & Training Counselor within **10 business days**.

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: _____

Supplemental Questionnaire

Name: _____ Date: _____

Phone: _____ e-mail: _____

Last position: _____ Company: _____

Dates of employment – start: _____ end: _____ Salary/wage: _____

Are you eligible for unemployment? yes no

If No, explain: _____

What type of work are you looking for now, employment goal: _____

What wage are you looking to get now? \$ _____

Annual/yearly income \$ _____ (household now, do not include unemployment)

Do you have a disability? yes no Is it a barrier to employment? yes no

Do you have any physical or mental condition that limits the kind of work you can do? yes no

Please explain: _____

Are you actively seeking work right now? yes no

Are you looking for full-time or part-time work? full-time part-time

Number of hours per week desired: _____

Last day you physically worked for your last company was: _____

What is your education level right now? _____

Are you looking for training? yes no

If yes, what type of training are you looking for? _____

Have you started this training already? yes no If yes, when? _____

If yes, where are you taking this training from? _____

Family Status:

Single – living on your own

Living with your family (living with spouse – no children under 18 living at home)

Parent in a one-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)

Number of dependents under 18 years of age: _____

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Do you have any special concerns with regard to your job search? Check all that apply

- Education/Training Health Housing
- Transportation Wage Replacement Other: _____
- Financial/Credit Family Care

Are you currently receiving other assistance? yes no

If yes, check all that apply:

- DWP - Diversionary Work Program SSI - Social Security Income
- MFIP - Minnesota Family Investment Program SSDI - Social Security Disability Income
- GA - General Assistance TTW Ticket To Work
- SNAP / Food Assistance Medical Assistance / MN Care

Do you have any other barriers? Please check any and all that apply to you:

- Prior criminal record Homeless
- Chemical Dependency Unskilled
- Lack of GED or High School Diploma Not proficient in the English language
- Need skill updating and review in: Reading Writing Math
- Work History:
 - no work history three or more jobs in past five years
 - reasons for leaving past job(s) gaps in employment

Long term unemployed: # of months _____

Other – please describe: _____

