Dislocated Worker

Minnesota WorkForce Center - Anoka County
1201 89th Ave NE, Suite 235
Blaine, MN 55434 - (763)-783-4800

Complete in ink.
March 2012

Legal Last Name _____ **Legal** First Name _____ Middle Initial_____
Address _____Apt. #_____ County_____
City:_____ State_____ Zip _____Phone # _____ Alternative # _____
Social Security Number _____-_____-_____ Birth Date _____
Email Address:_____
Are you a U.S. Citizen: ☐ Yes ☐ No **Alien Number if not a citizen:** _____ **Card Expires:** _____
Gender: ☐ Male ☐ Female
Race: (Check all that apply)
☐ White
☐ Black/African American
☐ American Indian/Alaskan Native
☐ Asian ☐ Hawaiian Native/Pacific Islander

Are you a U.S. Veteran? ☐ Yes ☐ No
Are you registered with the Selective Service? ☐ Yes ☐ No
Are you a spouse of a U.S. Veteran? ☐ Yes ☐ No
Are you eligible for TAA* Services (Trade Adjustment Act? ☐ Yes ☐ No
*(laid off due to product or service sent to another country)
Ethnicity: ☐ Hispanic-Latino

EMPLOYMENT HISTORY(Complete for the last 15 years or last 3 employers. List the most **recent** employer first.)
Employer Name: _____
Address (City/State): _____
Start date: _____/_____/_____ Last day: _____/_____/_____ Total years worked: _____
Job Title: _____
Wage: $_____/hour _____/year. **Hours worked per week**: _____
List job duties, skills and responsibilities: _____
_____
Reason for leaving: ☐ Plant closing ☐ Department/shift eliminated ☐ Layoff ☐ Large layoff (50+) ☐ Fired
☐ Strike ☐ Medical ☐ Quit ☐ Still working ☐ Military Honorable Discharge
Expect to return to this employer: ☐ Yes☐ No If yes, when: _____ Do you belong to a union: ☐Yes☐ No Name_____

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☐ Strike ☐ Medical ☐ Quit ☐ Still working ☐ Military Honorable Discharge
Expect to return to this employer: ☐ Yes☐ No If yes, when: _____ Do you belong to a union: ☐Yes☐ No Name_____

EDUCATION HISTORY

Highest grade of school completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

High school diploma ☐ Yes ☐ No GED ☐ Yes ☐ No College:☐1 ☐2 ☐3 ☐4

Name & Location of Education Institution:	Degree Received	Major/Specialty	Dates Attended

Please list current licensures/special certifications: _____

Are you interested in a fulltime, long term (6 months-2 years) training program? ☐ Yes ☐ No

Do you have a career choice in mind? ☐ No ☐ Yes, specify_____

Are you currently enrolled in a school/college? ☐ No ☐ Yes, school name _____

Start Date: _____ Graduation Date: _____ Program: _____

Are you receiving a Pell Grant? ☐ Yes ☐ No Have you been notified that you will be receiving a Pell Grant? ☐ Yes ☐ No

CUSTOMER DATA RIGHTS
Minnesota Department of Employment and Economic Development (DEED)
Anoka County Job Training Center

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 consequences you may experience if you supply the information or not.

Why we need the data:

- Your Social Security Number is requested to identify you as a unique individual.
- Personal characteristics; age, gender, ethnicity, race, disability and economic status is collected to evaluate our performance and in some cases to determine if you're eligible for special assistance.
- Veteran status is asked to determine if you are eligible for special services and to evaluate our service delivery.
- Work and education history is used to help you plan your employment and training goals.

How we intend to use the data:

Work and education history and your contact information may be shared with prospective employers. We may share information about you with other employment and training service providers in order to determine what services you may be eligible for and to coordinate services provided to you. Data may be shared with federal and state entities that provide funding for WorkForce Center services. Additionally, other government entities with a legal right to this data may see your information.

Consequences to you:

You can refuse to supply any or all of this information; you are not legally required to provide any of this information to use WorkForce Center services. Not supplying sufficient information may limit our ability to provide you the services you want.

For more information:

- Department of Employment and Economic Development Data Practices www.deed.state.mn.us/privacy.htm
- Minnesota Data Practices Act www.revisor.leg.state.mn.us/stats/13/
- Minnesota Department of Administration, Information Policy Analysis Division (IPAD) www.ipad.state.mn.us/index.html

CERTIFICATION STATEMENT

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I may have to provide documents to support this application. I am also aware that my enrollment is subject to immediate termination if I am found ineligible. I may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes. I understand that it will be used to determine eligibility.

_____

Applicant Signature Application Date

FOR OFFICE USE ONLY

Programs Eligible For: ☐ State Formula ☐ Federal Formula ☐ Project Formula

_____

Anoka County Job Training Center Staff Signature Application Date

_____

Anoka County Job Training Center Staff Signature 30 Day/Content Review Date