



PROGRAM APPLICATION

Legal Last Name: _____ Legal First Name: _____ Middle Name: _____

Preferred Name: _____ Birth Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Email: _____

May we contact you via text message? Yes No

VETERAN STATUS

- Veteran Yes No **If yes, please submit a copy of DD-214 with application*
- Spouse or Care Giver of Veteran Yes No
- Service-Related Disability Yes No
- Special Disabled Yes No

CITIZEN/RIGHT TO WORK Citizen Right to Work

Right to Work Registration Card Number: _____ Expiration Date: _____

SEX ASSIGNED AT BIRTH

- Male Female Prefer Not to Disclose

PRONOUNS

- she/her/hers he/him/his they/them/theirs Other: _____

ETHNICITY

- Hispanic or Latino Not Hispanic or Latino Prefer Not to Self-Identify

RACE

- American Indian or Alaska Native Asian
- Black or African American White
- Hawaiian Native/Pacific Islander Prefer Not to Self-Identify

IMMIGRANT STATUS

Immigrant or Refugee Yes No

Country of Origin: _____

Primary Language: _____ Limited English Proficiency Yes No

EDUCATION

Indicate which of the following you have obtained:

- GED High School Diploma Neither GED or H.S. Diploma

Please indicate if you have any of the following:

- Some College: 1+ Years _____ Associate Degree
 Bachelor’s Degree Education Beyond Bachelor’s Degree

Education Obtained Outside of U.S. Yes No

Are You Currently Attending School? Yes No

If yes, indicate the following:

- H.S. or Less
 Alternative School
 Post-Secondary Program (e.g. College Coursework, Adult Education)

FAMILY STATUS

- Individual without dependents → *A family of one.*

 Other Family Member → *No dependents or children / Living with persons related by blood or decree of court in a single residence.*

 Parent in 1 parent family → *A parent or guardian and dependent children living in a single residence.*

 Parent in 2 parent family → *A married couple and dependent children living in a single residence.*

Eligible family size (including yourself, spouse and dependent children under 18): _____

Actual household size (total number of persons in your household regardless of age or relationship): _____

Number of dependents under 18 years old: _____

Annual Family Income (Pre-Tax): \$ _____ *Prior to lay-off if applicable

NON-WAGE INCOME AND FORMS OF ASSISTANCE

1. Social Security Income (SSI) Recipient: I receive SSI Does not apply
2. Social Security Disability Insurance (SSDI) Recipient: I receive SSDI Does not apply
3. 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
4. SNAP Recipient (food assistance) Yes No
5. General Assistance Yes No
6. Medical Assistance (Medicaid) Yes No
7. Refugee Cash Assistance (RCA) Yes No
8. Financial Aid Yes No

HOUSING

Homeless or Unhoused Yes No

BACKGROUND INFORMATION

Have you been justice involved? → *(Indicates whether or not you are an adult or juvenile who is or has been subject to any stage of the criminal justice process.)*
 Yes No

DISABILITY STATUS

We ask this to provide services, and it is not a factor in eligibility

Not Disabled Yes, & disability is an employment barrier Yes, & disability is not a barrier

If yes, is accommodation needed? Yes No

LABOR FORCE STATUS

Employed Full Time *(30 hours or more a week)* Employed Part Time *(29 hours or less a week)*
 Not in the Labor Force *(no previous work experience)* Unemployed Self-employed

Actively Seeking Employment? Yes No

When did you start your job search? _____

Layoff Related to COVID-19 Yes No

Layoff Related to Civil Unrest Yes No

UNEMPLOYMENT INSURANCE BENEFIT STATUS

Eligible – Claiming Benefits Exhausted Eligible – Not claiming *(Receiving severance pay)*

Not Eligible, Explain _____

JOB & SEPARATION DETAILS

Separation Date *(Last Date Employed)*: _____

Last Employer -OR- Current Employer: _____ Months Employed: _____

Hourly Wage of Separated -OR- Current Job: \$ _____ *(annual salary divided by 2080 = hourly wage)*

Last -OR Current Position: _____

Layoff *(lost employment through no fault of your own – RIF, Reorg, Business Closure, etc.)* Yes No

Permanently Separated *(No Longer Employed with Company)* Yes No

Contract Role *(Temporary Work or Predetermined End Date)* Yes No

If Contracted Role, Expected end date: _____ Actual End Date: _____

WHERE DID YOU HEAR ABOUT HIRED?

Word of Mouth CareerForce/UI School/Training Facility Community Event

Other: _____

Career Pathways Training Application

CAREER PATHWAYS PROGRAM APPLICANTS ONLY

Name: _____

Date: _____

1. What career training are you applying for? _____

2. Describe any potential concerns impacting your success and how you plan to address them. (e.g., childcare, transportation)

3. How did you hear about this training program? _____

4. How many years of recent customer service experience do you have? _____

5. List your work experience starting with your most recent (or current) job:

Company Name: _____ City/State: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Number of Hours Per Week: _____ Hourly Wage: _____

Company Name: _____ City/State: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Number of Hours Per Week: _____ Hourly Wage: _____

Company Name: _____ City/State: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Number of Hours Per Week: _____ Hourly Wage: _____

Letter of Interest: Type one full page, describing your interest in our Career Pathways training, specifically addressing answers to each of the following:

- What is the specific program you are applying for, and why are you interested?
- What related skills and experience do you bring to this field?
- What do you feel makes you stand out from other individuals for this career?
- What drives your passion to pursue this program?
- Tell us why you are an excellent candidate for this program grant opportunity.

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 allow release of this information for verification purposes.

By typing my first and last name below, I attest that I have read, understand, and agree with the information within this application and have provided true and complete information. I understand that if I cannot provide an ink or digital signature at time of application that one will be required prior to enrollment.

Print Name Date

Applicant Signature Date

Hired Staff Signature Date