

# Minneapolis Employment and Training

## MINNEAPOLIS WORKS

### PARTICIPANT APPLICATION



PLEASE PRINT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_  
(last) (first) (middle initial)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male:  Female:   
 Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(street) (Apt. number)  
 \_\_\_\_\_  
(City) (State) (Zip code)

E-mail Address: \_\_\_\_\_

#### EMERGENCY CONTACTS

Name:	Relationship:	Address:	Phone #:
Name:	Relationship:	Address:	Phone #:

Please list the names of all people living with you and their relationship to you:

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU

#### ETHNICITY/RACE (please check all that apply)

**Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural in origin, regardless of race).
  **Hawaiian Native or Other Pacific Islander**
 **White**
 **Asian**  
 **American Indian or Alaska Native**
 **Black or African American**  
 **More Than One Race**

What are your primary languages: \_\_\_\_\_

#### SELECTIVE SERVICE

Are you registered with Selective Services? Yes  No  Registration # : \_\_\_\_\_

#### DISABILITY

Do you have any disability (physical, mental, learning or emotional/behavioral – including substance abuse)  
 No disability  
 Yes, I have a disability **but it is not a barrier to employment**
 Yes, I have a disability **and it is a barrier to employment**

#### TRANSPORTATION

Do you have a valid driver's license? Yes  No  Do you have your own vehicle? Yes  No

What type of transportation do you use? \_\_\_\_\_

**PROGRAM INVOLVEMENT**

Have you participated in or are you currently working with an employment and training program? Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

**EDUCATIONAL LEVEL**

(check the highest level you have completed)

8<sup>th</sup> Grade and under  9<sup>th</sup> Grade – 11<sup>th</sup> Grade  High School Graduate or Equivalent (GED)   
1-2 Years of college, or full-time technical or vocational school  2 or more years of college

**Are you currently in school?** Yes  No  Where: \_\_\_\_\_

What are you studying: \_\_\_\_\_

**POST HIGH SCHOOL EDUCATION**

Name of School Attended	Dates		Did you graduate?	Subject
	From:	To:		

**EMPLOYMENT HISTORY**

(Please start with your most recent position, including temporary positions):

Employer: \_\_\_\_\_ City: \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours per week: \_\_\_\_\_ May we contact this employer? Yes  No

Employer: \_\_\_\_\_ City: \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours per week: \_\_\_\_\_ May we contact this employer? Yes  No

Employer: \_\_\_\_\_ City: \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours per week: \_\_\_\_\_ May we contact this employer? Yes  No

**MILITARY SERVICE**

Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you receive an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of <u>enlistment:</u>	Date of <u>discharge:</u>	<u>Branch of Service:</u>	<u>Rank:</u>
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Are you eligible for veteran's employment or training benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Military Schools:</u>
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**CITIZENSHIP STATUS (select one)**

<input type="checkbox"/> U. S. Citizen	<input type="checkbox"/> Registered Alien	<input type="checkbox"/> Refugee - Temporary Work Permit	Card Type and Number:	Card Issue Date:	Card Expiration Date:
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**LEGAL ISSUES**

Do you have a pending court appearance: Yes  No  When? \_\_\_\_\_

Have you ever been convicted of or are you now under charges for any offense against the law other than traffic violations? Yes  No

**List below all convictions except juvenile (Under 18):**

DATE	CITY/STATE	OFFENSE	RESULT (fine, stay, incarceration, etc...)

<b>Are you currently on probation?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Probation BEGIN date:</b>	<b>Probation END date:</b>
<b>Probation officer name:</b>		<b>Telephone #:</b>

**ARE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVING ANY OF THE FOLLOWING:**

PROGRAM	NO	YES	MONTHLY AMOUNT	DATE STARTED	CASE NUMBER
MFIP					
GA (General Assistance)					
Food Stamps					
Workers Compensation					
Reemployment Insurance					
Social Security Disability					
Social Security Retirement					
Social Security Survivors					
Pension (specify)					
Medical Assistance					
Other (specify)					

**PLEASE READ BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.**

Minneapolis Employment and Training is a division of the City of Minneapolis Department of Community Planning and Economic Development (CPED). Minneapolis Employment and Training agencies assess each applicant at intake to determine the person's eligibility for services and to determine which services will help the applicant get a job and an increase in income. So that we can make the best possible assessment, we will be asking you to give us information about yourself. Except for your social security number and medical information, all of the information you will be asked to supply on our application form is necessary to complete our assessment. Any medical / disability related information that you disclose is voluntary. The information will be kept confidential by law and will not subject the customer to adverse treatment or services, and the information will be used only in accordance with the law.

**DATA PRIVACY NOTICE:** Minneapolis Employment and Training vendors use the information you give us to help you find employment and training. We put the information in a case file and a computer record keeping system. Agency staff can see the information in order to carry out their job duties. We use the information for your assessment and to develop an Employment Services Plan and to gather information for reports and audits required by Federal and State agencies that provide the money to run our programs. Information on this form is private data. Only information directly related to helping you find employment will be shared with employers. Private information is available only to you and other Minneapolis Employment and Training Service Providers and local and state welfare agencies.

You are not legally required to answer any of the questions. If you do not provide the information, or give us false information, program benefits may be denied or delayed.

**EQUAL OPPORTUNITY POLICY:** We consider applicants without regard to race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all Federal, State, and local laws concerning discrimination.

**COMPLAINT AND APPEAL POLICY:** If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to file an appeal. If you wish to file a complaint or appeal, please see a staff member for assistance.

**The information I have provided on this application is true to the best of my knowledge. I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among Minneapolis Employment and Training service providers in order to help me find employment or training. My consent begins on the date I sign this form and lasts for one year.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**