



Dislocated Worker and WIOA Adult Programs

Please complete the attached four-page application. *If the paperwork is not filled out completely, it may delay the process.*

Date _____

Legal Full Name Last _____ First Name _____ Middle _____

Street Address _____ Apt. # _____

City _____ County _____ Zip _____

Primary Phone _____

Email Address: _____

I authorize Workforce Solutions to communicate through the above e-mail address with me regarding services it is providing to me.

I understand that private data about me may be included in the e-mails that are sent to me by Workforce Solutions. I accept the risk that information in the e-mails may be read by someone other than me.

This consent remains in effect until I notify Workforce Solutions in writing either by mail or fax that I am withdrawing my consent. I understand that I may withdraw this consent at any time.

I further agree that Ramsey County is not liable for any damages to me caused because a party other than me has read an e-mail sent by Workforce Solutions.

Signature _____ Date _____

STAFF USE ONLY*STAFF USE ONLY***STAFF USE ONLY***STAFF USE ONLY***STAFF USE ONLY**

Application Approval
_____ State or _____ Federal

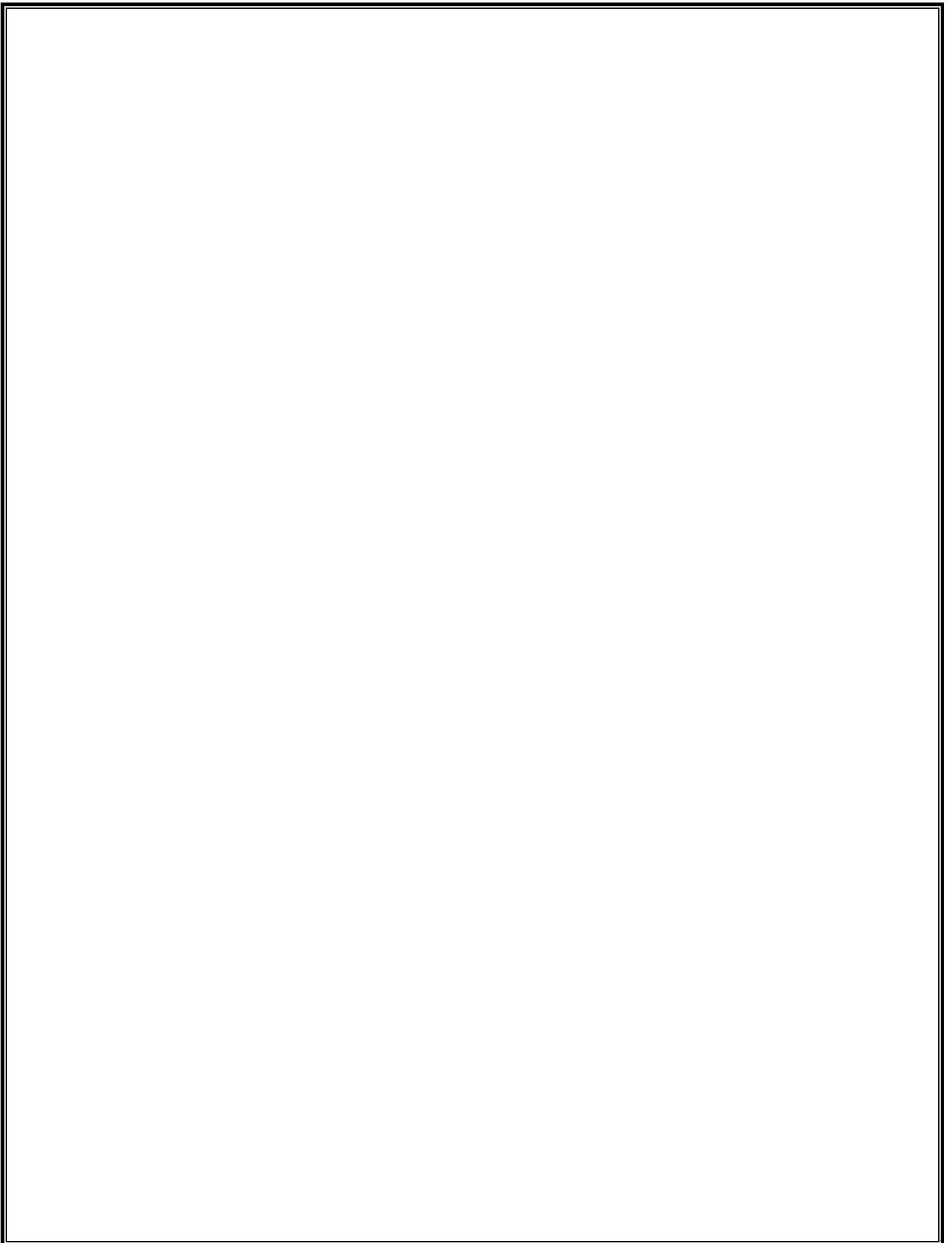
_____ Other: _____

_____ WIOA Adult _____

Supervisor Initial: _____ Date: _____

Counselor signature: _____ Date: _____

STAFF USE ONLY*STAFF USE ONLY***STAFF USE ONLY***STAFF USE ONLY***STAFF USE ONLY**



NAME: _____ SOCIAL SECURITY _____

Eligibility (Check all that apply)

<input type="checkbox"/> *Age 21 or older	<input type="checkbox"/> Self employed
<input type="checkbox"/> *US Citizen or legally able to work in US	<input type="checkbox"/> Low income
<input type="checkbox"/> *Seeking fulltime employment	<input type="checkbox"/> Homeless
<input type="checkbox"/> *Compliant with Selective Service (men only)	<input type="checkbox"/> Ex offender
<input type="checkbox"/> Individual or mass layoff	<input type="checkbox"/> Person with a disability
<input type="checkbox"/> Eligible for unemployment or exhausted unemployment benefits	<input type="checkbox"/> Underemployed or lack stable work
<input type="checkbox"/> Long term unemployed (27 or more weeks)	<input type="checkbox"/> Need to improve basic skills or English
<input type="checkbox"/> Veteran or spouse of veteran	<input type="checkbox"/> Single parent
<input type="checkbox"/> Displaced homemaker	<input type="checkbox"/> Indian, Alaskan Native or Native Hawaiian

*Required for program eligibility

JOB SEARCH:

What type of jobs are you looking for? _____

How long have you been actively looking for work? _____

Minimum wage you could accept \$ _____

What steps are you taking to look for work? _____

What type of obstacles have you encountered thus far in your job search?

Please indicate which services you would like to receive:

- Interviewing skills training
- Career counseling
- Finding jobs in the hidden job market
- Career re-training (subject to eligibility)
- Transportation reimbursement or bus card (subject to eligibility)
- Preparation of resume
- Computer skills training or access
- GED or English Language Learning
- Skills upgrading (subject to eligibility)

EDUCATION/TRAINING:

High School Diploma/GED

College Name of School _____ Dates Attended _____

Degree/Certification _____

List the computer programs you are trained to use: _____

Is there training that would help you become reemployed? If yes, please describe:

Please fill out this page completely. Do not write "see resume".

EMPLOYMENT HISTORY (Please start with your present or most recent position, including temporary positions):

Employer: _____ City: _____
Job Title _____ Start Date _____ End Date _____
Summary of Responsibilities: _____

_____ Hours/week _____
Reason for Leaving: _____ Ending Salary: _____
Can you use this employer as a reference? Yes No

Employer: _____ City: _____
Job Title _____ Start Date _____ End Date _____
Summary of Responsibilities: _____

_____ Hours/week _____
Reason for Leaving: _____ Ending Salary: _____
Can you use this employer as a reference? Yes No

Employer: _____ City: _____
Job Title _____ Start Date _____ End Date _____
Summary of Responsibilities: _____

_____ Hours/week _____
Reason for Leaving: _____ Ending Salary: _____
Can you use this employer as a reference? Yes No

HOUSEHOLD INFORMATION

List the names of the people living in your household and their relationship to you (including adults).
Please give the **ages** of your children:

Child Care Needs? Yes No Adult Care Needs? Yes No

Additional Information (not used for eligibility)

SUPPORT SYSTEM

Do you have individuals who support you in reaching your employment goals? Yes No

Would you like a personal/family counseling referral? Yes No

HEALTH CONCERNS

Do you have any of these health concerns? (Check all that apply)

Physical disabilities

Emotional/mental health concerns

Medical insurance

Work Restrictions/Accommodations

Have you left a job for health reasons? Yes No

If yes, describe _____

Special needs or concerns you have for family members (i.e., medical):

FINANCES

What date did you apply for Unemployment Benefits? _____

Are you receiving any of the following? (Check all that apply)

Worker's Compensation Severance pay Disability Income

Do you have sufficient financial resources to survive the next 6 months? Yes No

Are you renting? Are you a home owner? Other? _____

Are there other expenses/debt? _____

CHILD SUPPORT

Are you entitled to child support payments? Are you receiving payments?

If yes, how much? \$_____ per month

Are you required to make child support payments? If yes, how much? \$_____ per month

LEGAL ISSUES

Have you been convicted of a felony? Yes No

Are there legal concerns that are impacting your ability to find work? Yes No

If yes, describe _____

TRANSPORTATION:

Do you have your own vehicle? Yes No

What type of transportation will you take to work or training? _____