Inter-County Community Council

Employment & Training Programs

A proud partner of the American Job Center network

PO Box 189
Oklee, MN 56742
Ph: 218-796-5144
TTY: 651-296-3900
Fax: 1-833-792-1046
employment@intercountycc.org

Auxiliary Aids & Services available to individuals with disabilities upon request

Complete application in full. Please contact main office if you have any questions.

Legal Full Name Last_____First Name_____Middle_____

Mailing Address_____Apt. # _____

City_____County_____Zip_____

Home Phone_____Cell Phone_____

May we contact you via text? ☐ Yes ☐ No

Email Address: _____

(by providing your email address, you give ICCC permission to correspond with you via email)

Social Security # Age_____Date of Birth

The person whose name is listed below can always contact me.

Name_____Relationship_____

Street Address_____Apt. # _____

City_____County_____Zip_____

Home Phone_____Cell Phone_____

Email Address: _____

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic or Latino

Race: (Check all that apply)

- ☐ American Indian/Alaskan Native
- ☐ Black/African American
- ☐ White
- ☐ Asian
- ☐ Hawaiian Native/Pacific Islander

Authorization to Work Status (Check one):

- ☐ U.S. Citizen
- ☐ Eligible Non-Citizen
- ☐ Non-Citizen: Not authorized to work

Alien Reg. #_____

Expiration Date_____

Veteran Status:

☐ I served in the active U.S. military, naval, or air service for a period of greater than 180 days and was discharged under conditions other than dishonorable.

☐ I am a spouse of a U.S. Veteran

☐ I am a Disabled Veteran. If yes, what is the VA Disability Rating?_____%

☐ None of the above situations apply to me.

Selective Service (males only): Are you registered with the Selective Service? ☐ Yes ☐ No

MILITARY HISTORY

Branch of Service Name_____War/Campaign_____

Dates of Service To

Discharge Type: ☐ Military Honorable Discharge ☐ Other than Honorable Discharge ☐ Dishonorable Discharge

FAMILY MEMBERS AND FAMILY INCOME HISTORY

- List all related family members: parents, siblings, children (include step family members) you have lived with in the last six months.
- List age and relationship of each family member to program applicant.
- Check (✓) if family member is claimed as a dependent in the last 6 months.
- List sources of gross income for each family member, which could include:
  - Social Security
  - Child or spousal support
  - Unemployment
  - Interest
  - Supplemental Security Income (SSI)
  - Workers' compensation
  - Veteran's benefits
  - Dividends
  - Retirement or pension payments
  - Public assistance payments
  - Rental income
  - Trusts
  - Payments from a contract for deed
  - Annuities
  - Student grants, loans or scholarships

Family Member Name	Age	Relationship	✓ if claimed as a dependent	Source of Income	Total Amount of Income in Past 6 Months
1.		Applicant	☐		
2.			☐		
3.			☐		
4.			☐		
5.			☐		
6.			☐		
FOR OFFICE USE ONLY	Actual Family Size	Eligible Family Size	Total Past Six Months	Total Annualized	
			$	$	

Has your family size changed in the past 6 months? ☐ Yes ☐ No

If yes, please explain and give dates

OTHER INCOME

Does anyone in the household receive Social Security Income? ☐ Yes ☐ No

If yes, check who: ☐ Self ☐ Other Family Member

Which type: ☐ SSDI (Social Security Disability)
☐ RSDI (Retirement, Survivors, & Disability)

Status of Unemployment Benefits: (check one)

☐ Eligible for benefits, but not claiming
☐ Eligible for benefits $_____ per wk
☐ Exhausted benefits
☐ Not eligible for benefits

If pregnant or parenting, are you interested in information about HeadStart? ☐ Yes ☐ No

Have you been determined eligible to receive food benefits in the past 6 months? ☐ Yes ☐ No

Do you receive public assistance? ☐ Yes ☐ No

If yes, check which type:
☐ DWP (Diversionary Work Program)
☐ Food Benefits (also known as SNAP)
☐ GA (General Assistance)
☐ MFIP (MN Family Investment Program)
☐ RCA (Refugee Cash Assistance)
☐ SSI (Supplemental Security Income)
☐ Other_____

Would you be interested in additional information about Food Benefits (SNAP)? ☐ Yes ☐ No

EDUCATION HISTORY

CHECK ALL THAT APPLY

I am seeking employment ☐	I am seeking school financial aid ☐	I am default in student loans ☐
What is your employment or career goal?		

Are you currently attending school? ☐Yes ☐No If yes, check: ☐Junior High/Middle School ☐High School ☐GED

☐ESL Level_____ ☐Alternative School/Program ☐Education Beyond High School ☐ABE

Name of School/College_____

Expected Graduation Date_____ Program of Study_____

If attending high school or Alternative Learning Center, please have a school official complete this section:

Birth date according to school record_____Current Grade (please circle) 8 9 10 11 12

MCA Reading score_____Date taken_____MCA Math score_____Date taken_____

This student is currently on an IEP? ☐Yes ☐No If yes, their IEP teacher is_____

Is this student exempt from testing? ☐Yes ☐No

Are they a potential school dropout? ☐Yes ☐No

Signature of school official_____Date_____

Are you now or will you receive any of the following financial aid? ☐Yes ☐No

☐Scholarship ☐Student Grant (Alliss, etc.) ☐Pell Grant ☐Work Study ☐Student Loan

Are you defaulted in student loans? ☐Yes ☐No

Type of Education Institution Attended:	Name & Location of Education Institution:	Degree Received:	Major/Specialty	Dates Attended:	Completed? ***If not, highest grade completed:***
High School					
Technical School					
College/University					
Other Institution of Learning					
List any special certification or license:					

HEALTH/PERSONAL

Are you homeless (couch-hopping)? ☐ Yes ☐ No

Are you interested in housing assistance? ☐ Yes ☐ No

Are you interested in energy assistance? ☐ Yes ☐ No

Are you interested in weatherization assistance? ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No

If yes, check all that apply: ☐ Physical Impairment ☐ Mental Impairment (includes learning disability)
☐ Both physical and mental impairment ☐ Choose not to disclose any disabilities

If disabled, do you feel your disability is a barrier to employment? ☐ Yes ☐ No

Are you a displaced homemaker?* ☐ Yes ☐ No
(You were dependent on the income of another family member, but are no longer by that income; and you are unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.)

Are you a migrant or seasonal farm worker? ☐ Yes ☐ No

Are you a recovering chemically dependent person who feels this has interfered with your ability to obtain training or employment? ☐ Yes ☐ No

Do you feel you have limited English speaking ability? ☐ Yes ☐ No

Do you have a record of arrest or conviction? ☐ Yes ☐ No
If yes, do you feel your arrest or conviction is a barrier to employment? ☐ Yes ☐ No

Are you participating in a Juvenile Offender Diversion program? ☐ Yes ☐ No
Probation Officer_____ Phone Number_____

Do you have a valid Driver's license? ☐ Yes ☐ No
If yes, what's the issuing state?_____ License number? _____

Do you have a State I.D. card? ☐ Yes ☐ No
If yes, what's the issuing state?_____ Identification number? _____

What is your primary language? ☐ English ☐ Spanish ☐ Other_____

Would you relocate for a job? ☐ Yes ☐ No

How did you hear about us? ☐ Newspaper ☐ Flyer ☐ Radio ☐ Friend ☐ Family ☐ Website ☐ Other_____

Are you interested in any information about Family Services? ☐ Yes ☐ No

Are you a registered voter? ☐ Yes ☐ No
If not, would you like help getting registered to vote? ☐ Yes ☐ No

EMPLOYMENT HISTORY

- LIST ALL PAID EMPLOYMENT HELD IN THE LAST 5 YEARS, BEGINNING WITH THE MOSTRECENT OR CURRENT JOB. ATTACH ADDITIONAL JOB INFORMATION ON A SEPERATED SHEET, IF NECESSARY.
- COMPLETE ALL WHITE SECITONS. DATE MUST INCLUDE MONTH/DAY/YEAR

Dates Employed	Employer Information
From	Name
To	Address
Last Hourly Wage	City, State, Zip
# of Hours Worked per Week	Job Title
Job Duties	
Reason for leaving: ☐Plant Closing ☐ Closing Department/shift eliminated ☐Layoff ☐Fired ☐Strike ☐Quit ☐Medical ☐Still Working ☐Eligible for Trade Adjustment Act (TAA) ☐Other________________	
OFFICE USE ONLY Amount Earned $__________________	Do you belong to a union? ☐Yes ☐No
Expect to return to this employer? ☐Yes ☐No	If yes, when?

Dates Employed	Employer Information
From	Name
To	Address
Last Hourly Wage	City, State, Zip
# of Hours Worked per Week	Job Title
Job Duties	
Reason for leaving: ☐Plant Closing ☐ Closing Department/shift eliminated ☐Layoff ☐Fired ☐Strike ☐Quit ☐Medical ☐Still Working ☐Eligible for Trade Adjustment Act (TAA) ☐Other________________	
OFFICE USE ONLY Amount Earned $__________________	Do you belong to a union? ☐Yes ☐No
Expect to return to this employer? ☐Yes ☐No	If yes, when?

Dates Employed	Employer Information
From	Name
To	Address
Last Hourly Wage	City, State, Zip
# of Hours Worked per Week	Job Title
Job Duties	
Reason for leaving: ☐Plant Closing ☐ Closing Department/shift eliminated ☐Layoff ☐Fired ☐Strike ☐Quit ☐Medical ☐Still Working ☐Eligible for Trade Adjustment Act (TAA) ☐Other________________	
OFFICE USE ONLY Amount Earned $__________________	Do you belong to a union? ☐Yes ☐No
Expect to return to this employer? ☐Yes ☐No	If yes, when?

IF YOU ARE 24 YEARS OR YOUNGER, PLEASE CHECK ALL THAT APPLY

☐ I am a child of a chemically dependent parent.

☐ My parent is currently enrolled with the Dislocated Worker Employment Program.

☐ I am a foster child. Foster parent's name_____
Licensed through_____Phone #_____

☐ I am pregnant or a parent.

☐ I am eligible for free or reduced lunch.

☐ **I have read all of the above statements and none of them apply to me.**

CERTIFICATION STATEMENT/RELEASE OF INFORMATION

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

_____ _____

Applicant Signature Application Date

_____ _____

Parent/Legal Guardian Signature (If under 18) Application Date

FOR OFFICE USE ONLY

☐ WIOA Adult ☐ WIOA In-School Young Adult ☐ WIOA Out-of-School Young Adult
☐ WIOA Dislocated Worker ☐ MN Dislocated Worker ☐ MN Youth
☐ TANF/Teen Parent ☐ SCSEP ☐ Other_____

☐ Requires additional assistance to complete an educational program or to secure and hold employment
(Not in school, underemployed or unemployed at least six months and have not completed post-secondary skills training)

_____

ICCC Job Training Staff Signature Date

_____

ICCC Job Training Staff Signature Date

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I–financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I–financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I–financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Local Equal Opportunity (EO) Officer:
John Preuss, Employement & Training Director Inter-County Community Council 207 Main Street, P.O. Box 189 Oklee, MN 56742 218-796-5144 (Voice), 218-796-5175 (Fax), jpreuss@intercountycc.org

WIOA EO Officer: Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), Karen.Lilledahl@state.mn.us

or

State-level EO Officer: Heather Stein, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), heather.stein@state.mn.us

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. 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 outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about DEED Data Practices, visit http://mn.gov/deed/about/what-guides-us/privacy.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN)**: Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information**: This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Name (Print)	Signature (if under 18, signature of Parent/Guardian)	Date

MINNESOTA WORKFORCE CENTER PARTNERS

- **Inter-County Community Council**
- Job Service/Unemployment Insurance
- DEED Rehabilitation Services
- Inter-County Community Council

The Minnesota WorkForce Center is a partnership between state and local agencies committed to working together to help you achieve economic s curity. This application gives us the information we need to start helping you. You may need to fill out additional forms if you are interested in applying for the specialized services. Be sure to ask for information about any new services you are interested in.

Please read the data privacy and equal opportunity information below. When you finish reading this page, please sign and date at the bottom.

DATA PRIVACY NOTICE: The WorkForce Center staff uses the information you give us on this form to help you find employment and training. We put the information in a case file and a computerized record keeping system. Agency staff can see the information in order to carry out their job duties. We use the information for reports and audits required by federal and state agencies that provided money to run our programs. These reports do not identify individuals.

Information on the form is private data. Only information directly related to helping you find employment will be shared with employers. The information on this form is also available to federal, state and local government employees and subcontractors whose jobs require access to it and who are authorized by federal and state laws to receive the data. We may also use the information from wage records kept by the Department of Employment and Economic Development to help us evaluate the program.

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. False or incorrect information may also cause a delay in receiving other services or result in a service that does not meet your needs.

You do not have to provide a Social Security Number to be eligible for our programs. The Federal Privacy Act and Freedom of Information Act dictates the use of the Social Security Number. We may use it for computer matches, program reviews and improvements, and audits.

EQUAL OPPORTUNITY POLICY: We consider applicants without regard to race, color, creed, religion, national origin, sex, political affiliation or belief, marital status, disability, sexual orientation, age, 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. I f you have been denied services, you have the right to an appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance.

I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among Minnesota WorkForce Center agencies in order to help me find employment or training.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____