



## Dislocated Worker Program

Dear Applicant:

If you've been laid-off through no fault of your own (or have been notified by your employer that a layoff is coming), are eligible to receive unemployment insurance benefits, and are unlikely to return to your previous occupation or industry, our Dislocated Worker program may be able to help.

The Dislocated Worker Program is designed to help workers get back to work as quickly as possible. Services are tailored to meet an individual's specific needs. Working one-on-one with a counselor, you'll develop a plan for employment that may include:

- Career planning and counseling
- Job search and placement services
- Counselor-approved training
- Other support services

### Instructions for completing the application and documentation requirements:

**Please note:** Applications must be complete and documentation must be provided in order to determine program eligibility. If you have any questions while completing this application, please call 763-324-2284, extension 1, or email JTC.Intake@co.anoka.mn.us.

1. Complete pages 1 – 5 of the application and **sign and date** page 5.
2. Review pages 6 – 8 and **sign and date** pages 6 and 8.
3. Complete the Individual Employment Plan – page 9
4. Pages 11 - 13 are copies for your records.
5. Provide a copy of your resume.
6. Documentation of your employment separation **must** be provided with this application.

#### **BOTH of the following are required:**

- Official Letter of Separation/Layoff or Termination Notice from employer on company letterhead

If you did not receive a notice from the employer, please provide a written statement of when and why your job ended.

#### **AND**

- Payment Page from Unemployment Insurance:

- A. To print Unemployment information – **if you are receiving monies from Unemployment Insurance**
  - Login to your online unemployment account at [www.uimn.org](http://www.uimn.org)
  - Click on “View and Maintain My Account”
  - Click on “Payment Information”
  - On this page towards the bottom, click on “search” leaving all dates as is. This will get you a list of all payments you have received from Unemployment Insurance. Print this document and attach with application.
- B. To print Unemployment information – **if you are receiving severance pay AND you have filed a claim for unemployment insurance benefits, but are not yet receiving UI benefit payments**
  - Login to your online unemployment account at [www.uimn.org](http://www.uimn.org)
  - Click on “View and Maintain My Account”
  - Click on “Determination and Issue Summary”
  - Click on “the actual number” under the Issue Identification Number  
(Print identification number that shows you are eligible)
  - Click on “View” Determination of Eligibility. Print this document and attach with application.

Upon receipt of your completed application, we will contact you in the next 10 business days, via email or mail, to request additional information if necessary, or to invite you to the Dislocated Worker Information Session.

Equal Opportunity Employer/Service Provider

Upon request, this information can be made available in alternative formats for people with disabilities by calling 763-324-2300.

Attention. If you want free help translating this information, ask your worker.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរៀបររបស់អ្នក ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker).

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພົນກອງການຊ່ວຍວຽກຂອງທ່ານ.

Hubaddhu. Yo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu.

Внимание: если вам нужна бесплатная помощь в п реводе этой информации обратитесь к своему социальному работнику.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga.

tención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị.



(Complete application in ink!)

LegalFullNameLast \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Pronoun \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_  
(By providing your email address, you give Anoka County JTC permission to correspond with you via secure email which requires setting up an account. If you do not want to receive secure email, you must call 763-324-2284.)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Choose not to self-identify

Males Only: Are you registered with Selective Service? Yes No

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Choose not to self-identify

Race: (Check all that apply)

American Indian/Alaskan Native  Black/African American  White  Asian

Hawaiian Native/Pacific Islander  Choose not to self-identify

Authorization to Work Status (Check one):

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

Alien Reg. # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**VETERAN STATUS/MILITARY HISTORY**

Not a Veteran or Eligible Spouse of a U.S. Veteran.

I am an Eligible Spouse of a U.S. Veteran.

I served in active U.S. military, naval, or air service and was discharged under conditions other than dishonorable.

for a period of greater than 180 days  for a period of less than or equal to 180 days

I am in active duty status (includes separation leave) and I am within 24 months of retirement or 12 months separation.

I am a member of the Armed Forces who is wounded, ill or injured and I am receiving treatment at a Military Treatment facility or Warrior Transition unit.

Branch of Service Name: \_\_\_\_\_ War/Campaign: \_\_\_\_\_

Service Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual Military Separation Date: \_\_\_\_\_

Service-connected Disability: Yes No If yes, (0% - 20%) Special Disabled (30% +)

Job Title: \_\_\_\_\_ Wage: \$ \_\_\_\_\_/hour

List job duties, skills and responsibilities: \_\_\_\_\_

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

## FAMILY MEMBERS AND FAMILY INCOME HISTORY

In the chart below, list the following information:

- **Family Member Name:** list yourself and all related family members who have lived with you in the past 6 months including parents, siblings, children (including step-family members). If you have more than 8 family members, please use an additional sheet of paper
- **Age:** list the ages of all family members
- **Relationship:** write your relationship to the listed family members (ex. spouse, child, etc.)
- **Check if Included in Tax Household:** make a check mark next to yourself and any family members who file taxes together with you
- **Source of Income:** list what each family member's source of income is if they are included in your tax household (ex. employment, Unemployment benefits, child support, Social Security, disability, etc.). If you or the family member listed do not have any income, write "none."
- **Total Amount of Income in the Past 6 Months:** list the total dollar amount of all sources of income for each family member listed

	Family Member Name	Age	Relationship	✓ if claimed as a dependent	Source of Income	Total Amount of Income in the Past 6 Months
1.			Applicant			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
<b>FOR OFFICE</b>		Actual Family Size	Eligible Family Size	Total Past Six Months		\$
<b>USE ONLY</b>				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)  
 SSI (Supplemental Security Income)

**Status of Unemployment Benefits: (check one)**

- Eligible for unemployment benefits, but not claiming  
 Eligible for unemployment benefits \$\_\_\_\_\_ per week  
 Exhausted unemployment benefits  
 Not eligible for unemployment benefits

**Have you received any of the following benefits in the past 6 months?** 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)  
 Medical Assistance

## EDUCATION HISTORY

- Are you currently attending school?  Yes  No If yes, check:  Junior High/Middle School  High School  GED  
 ESL Level \_\_\_\_\_  Alternative School/Program  Community College  Technical College  University  
 Name of School/College: \_\_\_\_\_  
 Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Program: \_\_\_\_\_
- 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
- Highest grade of school completed:  1  2  3  4  5  6  7  8  9  10  11  12  
 Certificate of Attendance/Completion  High School Diploma  GED  College:  1  2  3  4

Type of Education Institution Attended:	Name & Location of Education Institution:	Degree Received:	Major/Specialty	Dates Attended:
High School				
Technical School				
College/University				
Other Institution of Learning				
List any special certifications or license:				

## HEALTH/PERSONAL

- Are you homeless?  Yes  No  
 If yes, what is your mailing address? \_\_\_\_\_
- Do you have a disability?  Yes  No  Choose not to disclose  
 If yes, check **all** that apply:  
 Physical Impairment  Mental Impairment  Both physical/mental impairment  Choose not to disclose  
 If disabled, do you feel your disability is a barrier to employment?  Yes  No  
 Do you require any accommodations?  Yes  No  
 If yes, please provide more information: \_\_\_\_\_
- Are you a displaced homemaker? \*  Yes  No  
*\*(You were dependent on income of another family member, but are no longer supported by that income, and you are unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.)*
- Are you recovering from chemical dependency and feel this interferes with obtaining training/employment? Yes No
- Do you feel you have limited English speaking ability?  Yes  No  
 If English is limited, do you require an interpreter?  Yes  No  
 If yes, specify language: \_\_\_\_\_
- Do you have a record of arrest or conviction?  Yes  No  
 If yes, do you feel your arrest or conviction is an employment barrier?  Yes  No
- Are you participating in a Juvenile Offender Diversion program?  Yes  No  
 Probation Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY

- LIST ALL PAID EMPLOYMENT HELD IN THE LAST 3 YEARS, BEGINNING WITH THE MOST RECENT OR CURRENT JOB. ATTACH ADDITIONAL JOB INFORMATION ON A SEPARATE SHEET, IF NECESSARY.
- **COMPLETE ALL WHITE SECTIONS. DATES MUST INCLUDE MONTH/DAY/YEAR.**
- Check box if you have NO PAID WORK HISTORY FOR THE LAST 3 YEARS

Dates Employed	Employer Information
From: Mo. /Day /Year	Name
To: Mo. /Day /Year	Address
Last Hourly Wage:	City, State, Zip
# of Hours Worked per Week:	Job Title:
Office Use Only: Amount Earned \$	Job Duties:
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Medical <input type="checkbox"/> Quit <input type="checkbox"/> Still working <input type="checkbox"/> Department/shift eliminated <input type="checkbox"/> Plant closing <input type="checkbox"/> Contract Ended <input type="checkbox"/> Temp. Assignment Ended <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA) Voluntary Separation	
Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates Employed	Employer Information
From: Mo. /Day /Year	Name
To: Mo. /Day /Year	Address
Last Hourly Wage:	City, State, Zip
# of Hours Worked per Week:	Job Title:
Office Use Only: Amount Earned \$	Job Duties:
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Medical <input type="checkbox"/> Quit <input type="checkbox"/> Still working <input type="checkbox"/> Department/shift eliminated <input type="checkbox"/> Plant closing <input type="checkbox"/> Contract Ended <input type="checkbox"/> Temp. Assignment Ended <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA) Voluntary Separation	
Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates Employed	Employer Information
From: Mo. /Day /Year	Name
To: Mo. /Day /Year	Address
Last Hourly Wage:	City, State, Zip
# of Hours Worked per Week:	Job Title:
Office Use Only: Amount Earned \$	Job Duties:
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Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY	Unemployed for the last 27 consecutive weeks _____
Employed: _____ weeks, _____ days	Unemployed: _____ weeks, _____ days
26	52
	_____ Total Months in same occupation
	_____ Total Months in same occ. last 3 years





**CONSENT TO COLLECT  
WAGE AND EMPLOYMENT DATA ON  
INDIVIDUALS**

**Minnesota CareerForce System**

The Minnesota CareerForce System is asking for your consent to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data (wage and employment information) we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time during this period. If you want to stop your consent, you must write to Nicole Swanson, MN CareerForce in Blaine, 1201 89<sup>th</sup> Avenue NE, Ste 235, Blaine, MN 55434, and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to an Anoka County Job Training Center Representative before you sign.

- I give my consent for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release my wage and employment records;
- I agree to let DEED UI release this data to the CareerForce System for up to three years;
- I understand that the CareerForce System needs to collect the data in order to determine outcomes for workforce development programs;
- I understand that, whether or not this data is released to the CareerForce System, it will not affect my participation in Anoka County Job Training Center programs;

Signature of Customer \_\_\_\_\_ Date Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

(If customer is under 18)

Signature of Person Explaining this Form \_\_\_\_\_ Date Signed \_\_\_\_\_

**AGENCY COPY**

# 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:** Nicole Swanson, CareerForce in Blaine, 1201 89th Avenue NE, Ste 235, Blaine, MN 55434, 763-324-2313 (Voice), 763-324-2292 (FAX), [Nicole.Swanson@co.anoka.mn.us](mailto:Nicole.Swanson@co.anoka.mn.us)

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

or

**State EO Officer:** Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [Ann.Feaman@state.mn.us](mailto:Ann.Feaman@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](http://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

## Anoka County Job Training Center

*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

<b>INDIVIDUAL EMPLOYMENT PLAN (Page 1)</b>		Today's Date: _____
Legal First Name: _____		Middle: _____
		Last: _____
<b>Jobs you are qualified for:</b>	<b>Job skills you have now:</b>	<b>Job skills you need/lack:</b>
1.	1.	1.
2.	2.	2.
3.	3.	3.
<b><u>EMPLOYMENT PREFERENCES/BARRIERS</u></b>		
Shift(s) you are available to work: _____ Distance willing to travel to work: _____ miles		
Minimum acceptable wage: \$_____ How many months have you been job searching? _____		
How many hours per day (average) have you spent job seeking in the last 2 months? _____ hrs/day		
How many job applications/resumes have you submitted per week (average) since your job ended? _____		
How many interviews have you had since your job ended? _____		
Rate how motivated you are to job search and return to work 1-10 (1 = No motivation) _____		
Describe how you feel about returning to work: _____		
What job search websites and strategies are you currently using? _____		
_____		
What do you think is preventing you from finding full-time employment? <i>(Ex: Limited openings; Lack of job search skills; Lack of degree/certification/license; age or health; Industry downturn; Out of work too long; Jobs don't offer hours or wages I need)</i>		
_____		
Do you have any other barriers to employment such as: (Check all that apply)		
<input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Record of Arrest or Conviction <input type="checkbox"/> Currently on Parole or Probation		
How do these barriers interfere with your training/employment? _____		
_____		
What are some possible solutions to address the barriers you are facing? _____		
_____		
What are the main reasons you want services? _____		
_____		
<b>Jobs I may want to pursue in the future:</b>	<b>Training I may be interested in:</b>	
1.	1.	
2.	2.	
3.	3.	
<b>What workshops have you completed at CareerForce?</b> _____		
_____		
<b><u>COMPUTER EXPERIENCE</u></b>		
Rate your keyboarding skills 1-10 (1 = "hunt and peck") _____		Internet access at home?    Yes    No
Rate your confidence/experience using computers 1-10 (1= very little confidence/experience) _____		
List the computer programs you are proficient using: _____		
<b>Next Steps:</b>		
1. Meet with a Counselor to develop an individualized employment plan.		
2. If interested in training, research if/when/where training is offered.		
3. _____		
4. _____		

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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.

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

or

**State EO Officer:** Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [Ann.Feaman@state.mn.us](mailto:Ann.Feaman@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](http://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

## Anoka County Job Training Center

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



**CONSENT TO COLLECT  
WAGE AND EMPLOYMENT DATA  
ON INDIVIDUALS**

**Minnesota CareerForce System**

The Minnesota CareerForce System is asking for your consent to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data (wage and employment information) we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time during this period. If you want to stop your consent, you must write to Nicole Swanson, MN CareerForce in Blaine, 1201 89<sup>th</sup> Avenue NE, Ste 235, Blaine, MN 55434, and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to an Anoka County Job Training Center Representative before you sign.

- I give my consent for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release my wage and employment records;
- I agree to let DEED UI release this data to the CareerForce System for up to three years;
- I understand that the CareerForce System needs to collect the data in order to determine outcomes for workforce development programs;
- I understand that, whether or not this data is released to the CareerForce System, it will not affect my participation in Anoka County Job Training Center programs;

Signature of Customer \_\_\_\_\_ Date Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

(If Customer is under 18)

Signature of Person Explaining this Form \_\_\_\_\_ Date Signed \_\_\_\_\_

**CUSTOMER COPY - Please tear off and keep for your records**