



Senior Employment Program

Through federal and state-funded grants, Anoka County offers employment and training opportunities to eligible individuals. The first step in determining which services you may qualify for is to complete the attached application *or* apply online at www.anokacounty.us/JTCapply.

If you are eligible for a program through the Anoka County Job Training Center, you will work with a vocational counselor to identify specific job-related goals and training opportunities available to you. Examples of employment and training activities may include no-cost short-term training, on-the-job training, and help with your job search.

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, for assistance.

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. Pages 9 - 11 are copies for your records.

You will need to provide verification of the following with your application:

- A copy of your Social Security Card or W-2 with your full Social Security Number listed
- Verification of your date of birth (copy of your driver's license, State ID, or birth certificate)
- If you are not a United States citizen, provide verification of your immigration status (copy of your Lawful Permanent Resident card or other immigration documentation)
- If you are a Veteran, provide a copy of your DD-214 to receive priority of services
- Verification of your current household size (a copy of your lease or Family Size Form)
- Income verification for all members of the household in the last 6 months (pay stubs, Unemployment benefits, alimony, pension statements, Social Security Award Letter, etc.)
 - If you receive Social Security Disability, we need an award letter that specifically states it is disability. You will need to call Social Security to specifically request a new letter that says the Social Security type. Their phone number is 800-772-1213.

Please return your completed application to:

Anoka County Job Training Center
Attention: Intake Eligibility Technician
1201 89th Ave NE – Suite 235
Blaine, MN 55434

We will contact you within 10 business days (via email or mail) to inform you of the status of your application. If you have any questions on the application process or programs offered, call 763-324-2284, Extension 3 or email DL-WFC-IntakeTechs@co.anoka.mn.us.

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 បើអ្នកចង់បានជំនួយបេតិកភ័ណ្ឌនេះដោយមិនគិតថ្លៃ សុំអ្នកសួរអ្នកកាន់សំណុំរៀបរយសំគាល់អ្នក ។

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).

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພມີກ່າວຊ່ວຍວຽກຂອງທ່ານ.

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

Внимание: если вам нужна бесплатная помощь в переводе этой информации обратитесь к своему социально у работнику.

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

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

Chú Ý. ếu 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

- I am a 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.
- None of the previous situations apply

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.						
FOR OFFICE		Actual Family Size	Eligible Family Size	Total Past Six Months		\$
USE ONLY				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
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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	_____ Total Months in same occupation	
26	52	_____ 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 89th 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

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 EO Officer: Ann Feaman, 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), 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.

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

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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