



Program Application

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail: _____

May we contact you via text message? Yes No

Veteran Status

Veteran Yes No *If yes, please submit a copy of DD-214 with application

Spouse or care giver of Veteran Yes No

Service Related Disability Yes No

Special Disabled Yes No

Citizen/Right to Work Citizen Not a Citizen Right to Work

Alien Registration Card Number: _____ Expiration Date: _____

Permanent Resident Yes No

Gender

Male Female Prefer Not to Self-Identify

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race

American Indian or Alaska Native

Asian

Black or African American

Prefer Not to Self-Identify

Hawaiian Native/Pacific Islander

White

Immigrant Status

Immigrant or Refugee Yes No

Country of Origin: _____

Primary Language: _____

Limited English Proficiency Yes No

Highest Level of Education

No H.S. Diploma (indicate highest grade completed: _____) GED High School Diploma

Some College: 1+ years _____ Associates Degree

Bachelor’s Degree Education beyond Bachelor’s Degree No Education Completed

Current School/Education Status

Not Attending: Did Not Complete H.S.

Not Attending: H.S. Graduate

Student, Alternative School

Student, Attending Post-Secondary Program

Student, H.S. or Less

Family Status

Single without dependents

Living with your family (living with a spouse - no children living at home)

Parent in 1 parent family (sole custody of one or more children at home under age 18)

Parent in 2 parent family (share custodial support for one or more dependent children)

Eligible family size (include yourself, spouse and dependent children under 18): _____

Actual household size (total number of persons in your household regardless of age or relationship): _____

Number of dependents under 18 years old: _____

Gross Annual (Pre-Tax) Income (include spouse if applicable): \$_____ *Prior to lay-off if applicable

Social Security Income

(SSI) Recipient: I receive SSI Does not apply

SSDI Recipient Yes No

Temporary Assistance to Needy Families (TANF) or Minnesota Family Investment Program (MFIP) Recipient:

I am listed on a grant as a member of a family receiving TANF/MFIP Does not Apply

SNAP Recipient Yes No

Diversionsary Work Recipient Yes No

General Assistance Yes No
Refugee Assistance Yes No
Financial Aid Yes No

Disability Status *We ask this to provide services and is not a factor in eligibility*

Not Disabled Yes, & disability is an employment barrier Yes, & disability is not a barrier
If yes, are accommodations needed? Yes No

Homeless Yes No
Offender Status Yes No

Labor Force Status

Employed Full Time (30 hours or more a week) Employed Part Time (29 hours or less a week)
 Not in the Labor Force (not previously working) Unemployed Self-employed
Actively Seeking Employment Yes No
Date Actively Seeking Employment: _____
Layoff Related to COVID-19 Yes No
Layoff Related to Civil Unrest Yes No

Unemployment Insurance Benefit Status

Eligible-claiming Benefits Exhausted Not Eligible
 Eligible-not claiming (Receiving severance pay)

If eligible, please answer the following:

Actual Separation Date: _____

Employer at Separation: _____

Months Employed in Separation Occupation: _____

Hourly Wage of Separated Job: \$ _____ *(annual salary ÷ 2080 = hourly rate)*

Last Position: _____

Permanently Separated Yes No

Certification Statement

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I allow release of this information for verification purposes.

By typing my first and last name below, I attest that I have read, understand, and agree with the information within this application and have provided true and complete information. I understand that if I cannot provide an ink or digital signature at time of application that one will be required prior to enrollment.

Print name:

Date:

Applicant Signature

Staff Signature

Date:



Career Pathways Training Application

Career Pathways Program Applicants ONLY:

Name: _____ Date: _____

1. What career training are you applying for? _____

2. Describe any potential concerns impacting your success and how you plan to address them.

3. How did you hear about this training program? _____

4. How many years of recent customer service experience do you have? _____

5. List your work experience starting with your most recent (or current) job:

Company Name: _____ City/State: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Number of Hours per Week: _____ Hourly Wage: \$_____

Company Name: _____ City/State: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Number of Hours per Week: _____ Hourly Wage: \$_____

Company Name: _____ City/State: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Number of Hours per Week: _____ Hourly Wage: \$_____

Letter of Interest: Type a one full page essay, describing your interest in our Career Pathways training, specifically addressing answers to each of the following:

- What is the specific program you are applying for, and why are you interested?
- What related skills and experience do you bring to this field?
- What do you feel makes you stand out from other individuals for this career?
- What drives your passion to pursue this program?
- Persuade us why you are an excellent candidate for this program grant opportunity.