

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
  - Supplemental Security Income (SSI)
  - Retirement or pension payments
  - Payments from a contract for deed
  - Child or spousal support
  - Workers' compensation
  - Public assistance payments
  - Annuities
  - Unemployment
  - Veteran's benefits
  - Rental income
  - Student grants, loans or scholarships
  - Interest
  - Dividends
  - Trusts

Family Member Name	Age	Relationship	✓ if claimed as a dependent	Source of Income	Total Amount of Income in Past 6 Months
1.		Applicant	<input type="checkbox"/>		
2.			<input type="checkbox"/>		
3.			<input type="checkbox"/>		
4.			<input type="checkbox"/>		
5.			<input type="checkbox"/>		
6.			<input type="checkbox"/>		
<b>FOR OFFICE USE ONLY</b>	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? <i>If not, highest grade completed:</i>
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 MOST RECENT 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: <input type="checkbox"/> Plant Closing <input type="checkbox"/> Closing Department/shift eliminated <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Quit <input type="checkbox"/> Medical <input type="checkbox"/> Still Working <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA) <input type="checkbox"/> Other _____	
<b>OFFICE USE ONLY</b> Amount Earned \$ _____	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Plant Closing <input type="checkbox"/> Closing Department/shift eliminated <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Quit <input type="checkbox"/> Medical <input type="checkbox"/> Still Working <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA) <input type="checkbox"/> Other _____	
<b>OFFICE USE ONLY</b> Amount Earned \$ _____	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Plant Closing <input type="checkbox"/> Closing Department/shift eliminated <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Quit <input type="checkbox"/> Medical <input type="checkbox"/> Still Working <input type="checkbox"/> Eligible for Trade Adjustment Act (TAA) <input type="checkbox"/> Other _____	
<b>OFFICE USE ONLY</b> Amount Earned \$ _____	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expect to return to this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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, national origin, color, religion, sex, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA)/Workforce Innovation and Opportunity Act of 2014 (WIOA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA/WIOA Title I-financially assisted program or activity.

This recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA/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.

## **What to Do If You Believe You Have Experienced Discrimination**

If you think you have been subjected to discrimination under a WIA/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); or

### **Inquiries**

#### **Local Equal Opportunity (EO) Officer**

John Preuss, Employment & Training Director  
Inter-County Community Council  
207 Main Street, PO Box 189  
Oklee, MN 56742  
218-796-5144 (Voice)  
218-796-5175 (FAX)  
[jpreuss@intercountycc.org](mailto:jpreuss@intercountycc.org)

### **Inquiries**

#### **WIA/WIOA EO Officer**

Susan Tulashie, DEED  
Workforce Development Division  
1<sup>st</sup> National Bank Building, E200  
332 Minnesota Street  
St. Paul, MN 55101-1351  
651-259-7586 (Voice)  
651-296-3900 (TTY)  
651-215-3842 (FAX)  
[Susan.Tulashie@state.mn.us](mailto:Susan.Tulashie@state.mn.us)

### **Inquiries**

#### **State EO Officer**

Karen Lilledahl, DEED  
Diversity & Equal Opportunity  
1<sup>st</sup> National Bank Building, E200  
332 Minnesota Street  
St. Paul, MN 55101-1351  
651-259-7089 (Voice)  
651-296-3900 (TTY)  
651-297-5343 (FAX)  
[Karen.Lilledahl@state.mn.us](mailto:Karen.Lilledahl@state.mn.us)

- The Director, The Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. Or Fax 202-693-6505 ATTENTION: Office of External Enforcement, Email: [CRCExternalComplaints@dol.gov](mailto:CRCExternalComplaints@dol.gov), Telephone: 202-693-6502, URL: [www.dol.gov/oasam/programs/crc/](http://www.dol.gov/oasam/programs/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 do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. 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

Inter-County Community Council (ICCC)

*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.

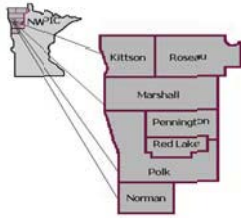
\_\_\_\_ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature (if under 18, signature of Parent/Guardian)

\_\_\_\_\_  
Date





## MINNESOTA WORKFORCE CENTER PARTNERS

- Northwest Private Industry 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 security. 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. If 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: \_\_\_\_\_