**Application for Employment & Training Services**

**Complete Application MUST include the following:**

* **Photo ID**
* **Proof of Residency**

 **\*\*Utility Bill or Lease\*\***

* **Proof of Tribal Enrollment or Mille Lacs Band of Ojibwe 1st Descendancy**
* **Proof of last two (2) months of Income**

 **\*\*Per-cap, Earned and other income received\*\***

***The information you provide will be kept confidential and protected under the DATA PRIVACY ACT, unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs, as well as make the appropriate referrals.***

**WHAT BRINGS YOU IN TODAY? (Please check all that applies.)**

|  |  |  |
| --- | --- | --- |
| [ ]  Job |  | [ ]  Child Care |
| [ ]  Adult Basic Education |  | [ ]  Support Services |
| [ ]  Vocational Training |  | [ ]  Tuition Assistance |
| [ ]  Resume′ Building |  | [ ]  GED |
| [ ]  Driver’s License |  | [ ]  Work Clothing/Supplies |
| [ ]  WEX | [ ]  Other:       |

**Please complete the information requested on the other side and return to an Intake Specialist**

|  |
| --- |
| **The following information will be kept confidential and protected under the Data Privacy Act unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs and make appropriate referrals.** |

**APPLICANT INFORMATION**

**Name:**  Date of Birth:

**Address:** SSN:

**City, State, Zip:** Phone Number:
**Email Address:** Message Number:

**Federal Funding Requirement – a response is necessary for each category – sex, age group, educational level**

[ ] Male [ ] Female [ ] Youth (18 or under) [ ]  Age 19-21 [ ] Adult (22+)

**EDUCATION:** Last Year Attended:       Highest Grade Completed:

High School Graduate/GED (Year):       Post Education/Degrees (Year):

**Federal Funding Requirement**

**Earned Income­­­:**       **Check all that applies**: [ ]  Full Time [ ]  Part Time [ ]  Regular [ ]  Temporary

**(Please provide last two (2) months of income) OR check (as it applies)** [ ] **unemployed** [ ]  **underemployed**

Selective Service Number­­:       Are you registered to VOTE? [ ]  **YES** [ ]  **NO**

**(Males 18-25 must register)**

Are you a Veteran? [ ] **YES** [ ]  **NO**

Do you receive Social Security Income (SSI)? [ ] **YES** [ ]  **NO**

If YES, what is the Benefit Amount:       Start Date:

**barriers to Employment (check all that apply)**

[ ] Single Head of Household [ ] Disabled Individual [ ] No High School Diploma/GED

[ ] Unemployed 15 + weeks [ ] Offender [ ] Homeless

[ ] Teen Parent [ ] Lacks work history [ ] Substance Abuse problem

[ ] Limited English Proficiency - Math and/or Reading

**PERSONAL/FAMILY INFORMATION** – Use a blank sheet for additional information

**MARITAL STATUS**: [ ] Single [ ] Married/Living Together [ ] Married/Separated [ ] Divorced [ ] Widowed [ ]  Living Together/Partner

**ETHNICITY:** [ ] Native Am/Alaskan Native [ ] Asian [ ] Hispanic [ ] Black/African Am [ ]  White [ ]  Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Household Member** | **Date of Birth** | **Social Security #** | **Relationship** | **Monthly Income** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**I hereby certify that the above information is accurate and true to the best of my knowledge**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name of Parent/Guardian

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date Signature of Parent/Guardian Date