

**APPLICATION FOR
WEST METRO EMPLOYMENT SERVICES**

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE):		SOCIAL SECURITY #:	DATE OF BIRTH:	AGE:	SEX (M or F):
STREET ADDRESS:		APARTMENT #:	CITY:		STATE MN
HOME PHONE #:	MESSAGE PHONE #:	ETHNIC GROUP (CHECK ONE): <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE			
CITIZENSHIP STATUS (CHECK ONE): <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> REGISTERED ALIEN <input type="checkbox"/> REFUGEE-TEMPORARY WORK PERMIT CARD TYPE AND NUMBER _____ CARD EXPIRATION DATE _____					
DO YOU HAVE LIMITED ENGLISH SPEAKING ABILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT IS YOUR PRIMARY LANGUAGE? _____					
DO YOU NEED HELP WITH SPEAKING, READING OR WRITING ENGLISH? <input type="checkbox"/> NO <input type="checkbox"/> YES					
DO YOU NEED AN INTERPRETER? <input type="checkbox"/> NO <input type="checkbox"/> YES					
DO YOU DEPEND ON THE BUS TO GET AROUND AND TO WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES					
DO YOU NEED INFORMATION ON HOW TO USE THE BUS? <input type="checkbox"/> NO <input type="checkbox"/> YES					
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES DO YOU HAVE A CAR AVAILABLE FOR YOUR USE? <input type="checkbox"/> NO <input type="checkbox"/> YES					
HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE? (APPLIES TO MALES 18 & OVER BORN AFTER 12/31/59): <input type="checkbox"/> NO <input type="checkbox"/> YES					
REGISTRATION #:					

EMERGENCY CONTACTS NOT LIVING WITH YOU

NAME:	RELATIONSHIP:	ADDRESS:	PHONE #:
NAME:	RELATIONSHIP:	ADDRESS:	PHONE #:

FAMILY STATUS

MARITAL STATUS (CHECK ONE):
 SINGLE MARRIED SEPARATED WIDOWED DIVORCED

PLEASE LIST THE NAMES AND RELATIONSHIPS TO YOU OF ALL PEOPLE LIVING WITH YOU:

NAME	DOB	RELATIONSHIP	NAME	DOB	RELATIONSHIP

PROGRAM INVOLVEMENT

HAVE YOU PARTICIPATED IN A TRAINING OR JOB PLACEMENT PROGRAM IN THE PAST? NO YES

PROGRAM/AGENCY: _____ CITY/STATE _____ FROM: _____ TO: _____

HAVE YOU BEEN IN ANY OF THE PROGRAMS LISTED BELOW? (CHECK YES OR NO)

PROGRAM	NO	YES	PROGRAM	NO	YES
JTPA/TWIP/DISLOCATED WORKERS			STRIDE/MFIP		
JOB SERVICE			VA		
DRS/DVR			JOB CORPS		

AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM

EDUCATION

CHECK THE LAST GRADE OF SCHOOL COMPLETED:

1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 (BA/BS DEGREE) 17 (POST GRAD) 18 (MASTERS) 19 (Ph.D.)

ARE YOU CURRENTLY ATTENDING SCHOOL? NO YES EXPLAIN: _____

HAVE YOU ATTENDED AN ESL PROGRAM? NO YES WHERE? _____ WHEN? _____

NAME OF LAST ELEMENTARY OR HIGH SCHOOL ATTENDED:	CITY:	STATE:	YEAR GRADUATED OR LAST YEAR ATTENDED:
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POST HIGH SCHOOL EDUCATION

BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL OR VOCATIONAL SCHOOL		DATES OF ATTENDANCE		DID YOU GRADUATE?	% OF COURSE COMPLETED		SUBJECT	
NAME	LOCATION	FROM	TO					

COLLEGE OR UNIVERSITY		DATES OF ATTENDANCE		# OF CREDITS		DEGREE		MAJOR	MINOR
NAME	LOCATION	FROM	TO	QTR	SEM	TYPE	DATE		

LIST ANY OCCUPATIONAL LICENSES YOU HAVE:

DO YOU NEED REFRESHER COURSES FOR RECERTIFICATION OR LICENSURE? NO YES EXPLAIN: _____

HEALTH

ARE YOU CURRENTLY UNDER A DOCTORS CARE? NO YES PLEASE DESCRIBE: _____

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD A MENTAL OR PHYSICAL HANDICAP OR HEALTH PROBLEM? NO YES
PLEASE DESCRIBE:

ARE YOU TAKING ANY MEDICATIONS? NO YES WHAT? _____

ARE YOU ABLE TO WORK? YES NO EXPLAIN: _____

DO YOU HAVE ANY HEALTH PROBLEMS OR WORK RESTRICTIONS THAT WOULD KEEP YOU FROM WORKING ON CERTAIN JOBS?
 NO YES DESCRIBE:

HAVE YOU LEFT ANY JOB BECAUSE OF HEALTH PROBLEMS? NO YES DESCRIBE: _____

HAVE YOU EVER BEEN DIAGNOSED FOR A LEARNING DISABILITY? NO YES DESCRIBE: _____

DO YOU HAVE ANY CHEMICAL DEPENDENCY ISSUES? NO YES PLEASE DESCRIBE: _____

DO YOU NEED A REFERRAL FOR COUNSELING OR MENTAL HEALTH ISSUES? NO YES PLEASE DESCRIBE: _____

HAVE YOU EVER BEEN INVOLVED IN A DISABILITY PROGRAM? NO YES AGENCY _____

CITY/STATE _____ DATE _____ COUNSELOR _____

ARE YOU PREGNANT? NO YES WHAT IS YOUR DUE DATE? _____

WORK HISTORY

ARE YOU WORKING NOW? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHERE?	HOURS PER WEEK	HOURLY WAGE
IS YOUR SPOUSE EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHERE?	HOURS PER WEEK	HOURLY WAGE
IF UNEMPLOYED, DID YOU RECEIVE A TERMINATION/LAYOFF NOTICE? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE RECEIVED: _____			
CHECK YOUR REEMPLOYMENT INSURANCE STATUS: <input type="checkbox"/> ELIGIBLE CLAIMANT <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> CLAIM EXHAUSTED			
WHAT HAVE YOU BEEN DOING SINCE YOUR LAST JOB?			
WHAT TYPE OF WORK ARE YOU LOOKING FOR?			

LIST YOUR WORK EXPERIENCE COMPLETELY STARTING WITH YOUR PRESENT OR MOST RECENT JOB

COMPANY NAME	ADDRESS
JOB TITLE	SUPERVISOR
YOUR JOB DUTIES	
REASON FOR LEAVING	

DATES OF EMPLOYMENT	TOTAL TIME EMPLOYED	HOURS PER WEEK	STARTING SALARY	FINAL SALARY
FROM TO	YEARS MONTHS		\$	\$
COMPANY NAME		ADDRESS		
JOB TITLE		SUPERVISOR		
YOUR JOB DUTIES				
REASON FOR LEAVING				

DATES OF EMPLOYMENT	TOTAL TIME EMPLOYED	HOURS PER WEEK	STARTING SALARY	FINAL SALARY
FROM TO	YEARS MONTHS		\$	\$
COMPANY NAME		ADDRESS		
JOB TITLE		SUPERVISOR		
YOUR JOB DUTIES				
REASON FOR LEAVING				

DATES OF EMPLOYMENT	TOTAL TIME EMPLOYED	HOURS PER WEEK	STARTING SALARY	FINAL SALARY
FROM TO	YEARS MONTHS		\$	\$
EXPLAIN ANY GAPS IN YOUR WORK HISTORY:				

MILITARY SERVICE

ARE YOU A VETERAN? NO <input type="checkbox"/> YES <input type="checkbox"/>	DID YOU RECEIVE AN HONORABLE DISCHARGE? NO <input type="checkbox"/> YES <input type="checkbox"/>	DATE OF ENLISTMENT:	DATE OF DISCHARGE:	BRANCH OF SERVICE:	RANK:
WERE YOU RELEASED FOR A SERVICE CONNECTED DISABILITY? NO <input type="checkbox"/> YES <input type="checkbox"/>	ARE YOU ELIGIBLE FOR VETERANS EMPLOYMENT OR TRAINING BENEFITS? NO <input type="checkbox"/> YES <input type="checkbox"/>	MILITARY SCHOOLS:			
MILITARY JOB DUTIES					

LEGAL

DO YOU HAVE A PENDING COURT APPEARANCE? NO YES WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW OTHER THAN TRAFFIC VIOLATIONS? NO YES

LIST BELOW ALL CONVICTIONS EXCEPT JUVENILE (UNDER 18):

DATE	CITY/STATE	OFFENSE	RESULT (FINE, STAY, INCARCERATION, ETC.)

ECONOMIC STATUS

DO YOU RELY ON SOMEONE ELSE FOR MORE THAN HALF OF YOUR SUPPORT? NO YES EXPLAIN:

DOES ANYONE RELY ON YOU FOR SUPPORT (FOR EXAMPLE, CHILD SUPPORT)? NO YES EXPLAIN:

ARE YOU OR ANY OF YOUR FAMILY RECEIVING ANY OF THE FOLLOWING?

PROGRAM	NO	YES	MONTHLY AMOUNT	DATE STARTED	CASE NUMBER
MFIP (SINGLE PARENT FAMILY)					
MFIP (TWO PARENT FAMILY)					
GA					
REFUGEE ASSISTANCE					
SSI					
FOOD SUPPORT					
WORKERS COMPENSATION					
REEMPLOYMENT INSURANCE					
VETERANS BENEFITS					
SOCIAL SECURITY DISABILITY					
SOCIAL SECURITY RETIREMENT					
SOCIAL SECURITY SURVIVORS					
PENSION (SPECIFY)					
MEDICAL ASSISTANCE					
OTHER (SPECIFY)					

PLEASE READ BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.

West Metro Job Partners is a group of state, county, city and community based programs in Hennepin, Scott and Carver Counties. The partner agencies assess each applicant at intake to determine the person's eligibility for services and to determine which services will help the applicant get a job and an increase in income. So that we can make the best possible assessment, we will be asking you to give us information about yourself. Except for your social security number, all of the information you will be asked to supply on our application form is necessary to complete our assessment.

DATA PRIVACY NOTICE: West Metro staff use the information you give us to help you find employment and training. We put the information in a case file and a computer record keeping system. Agency staff can see the information in order to carry out their job duties. We use the information for your assessment and to develop an Employment Services plan and to gather information for reports and audits required by Federal and State agencies that provide the money to run our programs. Information on this form is private data. Only information directly related to helping you find employment will be shared with employers. Private information is available only to you and other West Metro Employment and Training Service Providers and local and state welfare agencies.

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.

EQUAL OPPORTUNITY POLICY: We consider applicants without regard to race color, creed, religion, national origin, sex, marital status, disability, sexual orientation, 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 file an appeal. If you wish to file a complaint or appeal, please see a staff member for assistance.

The information I have provided on this application is true to the best of my knowledge. I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among West Metro Job Partner agencies in order to help me find employment or training. My consent begins on the date I sign this form and lasts for one year.

Applicant Signature

Date