



PROGRAM Application Checklist

ATTACH AND SUBMIT ALL OF THE FOLLOWING DOCUMENTS:

The contents of this packet –

- *Priority of Service Screening Tool
- Program Application
- *Career or Training Worksheet

***Documentation of your employment separation - Submit one of the following:**

Letter of Separation from Employer

-OR-

Payment Page from Unemployment Insurance



To print Unemployment information – **If you are receiving monies from unemployment insurance:**

1. Log into your online unemployment insurance account (www.uimn.org)
2. Click on "View and Maintain My Account"
3. On that page towards the bottom click on "search" leaving all dates as is and this will get you a list of all payments you have received so far
4. Print this document

-OR-

Determination of Ineligibility Page – to demonstrate you have filed a claim, but currently receiving severance.

To print Unemployment Information – **If you are receiving severance AND you have filed a claim for unemployment insurance benefits, but are not yet receiving UI benefits:**

1. Log into your on-line unemployment insurance account (www.uimn.org)
2. Click on "View and Maintain My Account"
3. Click on "Determination and Issue Summary"
4. Click on "the actual number" under the Issue Identification Number
5. Click on "view" Determination of Eligibility
6. Print this document

- Verification of Identity:** Copy of your Driver's License **-OR-** Minnesota State ID.
- Verification of Social Security Number: Acceptable documents for verifying the Social Security Number include:**
Social Security Card **-OR-** W-2
- Employment Authorization- Documents that Establish Both Identity and Employment Authorization. All documents must be UNEXPIRED. Participants must provide a document from List A **-OR-** one from List B and List C. Refer to Page 10.**
- Resume** – Provide a copy of your complete resume as posted on www.minnesotaworks.net **and** a copy of the resume you provide to employers (if available)
- If you are a military veteran – a copy of your DD214**
- Men only (born after 1959) – a printout showing you are registered for Selective Service.**
 - To print document go to www.sss.gov
 - Click onto **Verify Now**
 - Enter Last Name, Social Security Number and Date of Birth, then click Submit
 - Click on *Print Letter* and print a copy of the page showing you are registered
 - For individuals who are over the age of 26 years of age and did not register, there are a few cases when an individual is exempt from filing, which includes individuals who immigrated to the United States after 26 years of age, medical, or other situations. If you meet this criteria, you must submit a request for a status letter from selective service and provide a copy once received. <https://www.sss.gov/wp-content/uploads/2020/02/Status.pdf>

Once you have all of the materials printed and completed scan and e-mail them to adultservices@hired.org or bring them to the location below:

- Hired 1701 American Blvd East, Suite 1, Bloomington, MN 55425

If you have any questions, please call 612-876-2366

Once we receive your completed application, you will be contacted by an Employment Counselor within two business days to set-up an initial meeting to ask questions, learn more about the program, its benefits and requirements.

**Dislocated Worker only*



PRIORITY OF SERVICE SCREENING TOOL

Check which of the following best describes you:

UNIVERSAL DISLOCATED WORKER

- Previously employed, at twenty or more hours per week, for at least six of the most recent thirty-six months in a single occupation. The six months need not be consecutive.

VETERAN

- All veterans that have served at least one day of active duty with other than a dishonorable discharge.

QUALIFIED VETERAN'S SPOUSE

Spouse of a Veteran who:

- has a total disability resulting from a service-connected disability;
- died of a service-connected disability;
- died with a disability so evaluated was in existence.
- Spouse of an active duty member of the Armed Forces who has been listed as Missing in Action for more than 90 days or was captured in the line of duty by a hostile force or forcibly detained by a foreign government or power.

TRADE ADJUSTMENT ASSISTANCE (TAA)

- You received notice of employment termination from a worksite certified for TAA (your employer likely would have informed you of this prior to your employment termination).

Name of employer: _____

OTHER

- Unemployed or under-employed, not receiving unemployment benefits



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 (check all boxes Y or N)

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 Special Yes No

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 (All Applicants: Please check one box below)

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

1) (SSI) Recipient: I receive SSI Does not apply

2) SSDI Recipient Yes No

3) 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

4) SNAP Recipient Yes No

5) Diversionary Work Recipient Yes No

- 6) General Assistance Yes No <-- Please provide a response to each question.
- 7) Refugee Assistance Yes No
- 8) Financial Aid Yes No
- 9) Homeless Yes No
- 10) Offender Status 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

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 Eligible Not Eligible
- Eligible - Not claiming (Receiving severance pay)

If unemployed, please answer the following for your last job:

Actual Separation Date: _____

Employer at Separation: _____ Months Employed: _____

Hourly Wage of Separated Job \$ _____ (annual salary divided by 2080 = hourly wage)

Last Position: _____

- Permanently Separated Yes No

Where did you hear about Hired? _____



Employment Services Career Assessment

1. Career Goal: _____

- Full-time employment in current occupation
- Full-time employment in new career field

2. Do you have any special concerns with regard to your job search?

- Education/Training
- Health
- Housing
- Transportation
- Wage Replacement
- Work History
- Financial/Credit
- Other challenges: _____

3. Does your occupational goal require an upgrade of your current skills or training in a new career field? Please provide details below:

5. If you answered yes to any of the above questions, have you identified a specific training program and / or training provider? Yes No

Training provider name: _____

Name of Training Program/Class: _____

Training Start Date: _____ Training End Date: _____

Cost: _____

Are you considering self-employment/starting your own business? 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.

Date:

Applicant Signature:

Date:

Staff Signature:

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).