

Universal Program Application

This is an application for program participation. It is not an application for employment. Please print in black or blue ink only.

PARTICIPANT INFORMATION					
Last Name		First Name		MI	Social Security Number (only last 4 digits) XXX-XX-
Street Address			City	State	Zip
Birth Date (mm/dd/yy)		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F		County
Home Phone Number (include area code)		Cell Phone Number (include area code)		Name of Cell Phone Provider	Ability to Text <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Family Income \$	Family Size	Email Address			
Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan National <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Other					
Person of Hispanic Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you registered with Minnesotaworks.net? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Selective Service (register for military draft, required for males 18+)		<input type="checkbox"/> Registered/Registration Number:			
		<input type="checkbox"/> Not Registered <input type="checkbox"/> Not Required (female, under 18, or born before 1/1/1960)			
Citizenship (check one)		<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Non-Citizen			

LIST NAMES OF ALL MEMBERS SUPPORTED BY HOUSEHOLD INCOME DURING THE LAST 6 MONTHS

Name	Age	Self	Income \$
Name	Age	Relationship	Income \$
Name	Age	Relationship	Income \$
Name	Age	Relationship	Income \$

Receiving Social Security Income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> SSDI (Social Security Disability) <input type="checkbox"/> RSDI (retirement, survivors, and disability)	I have received public assistance in the past six months <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> DWP (Diversionary Work Program) <input type="checkbox"/> TANF/MFIP <input type="checkbox"/> Food benefits (also known as SNAP) <input type="checkbox"/> Free/reduced lunch <input type="checkbox"/> GA (General Assistance) <input type="checkbox"/> SSI (Supplemental Security Income)
Status of unemployment benefits: <input type="checkbox"/> Eligible, not claimant <input type="checkbox"/> Eligible claimant, \$_____ per week <input type="checkbox"/> Exhausted <input type="checkbox"/> Not eligible	

ADDITIONAL BARRIERS TO EMPLOYMENT

<input type="checkbox"/> I am or have been chemically dependent	<input type="checkbox"/> Homeless/Runaway	<input type="checkbox"/> I have a criminal record
<input type="checkbox"/> Limited language proficiency. My primary language is _____	<input type="checkbox"/> I have a documented disability, e.g., learning, physical, mental (refusal to answer will not limit services available to me.)	

IF YOU ARE 24 YEARS OF AGE OR YOUNGER, PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> I am a child of a chemically dependent parent	<input type="checkbox"/> My parent is currently enrolled in the Dislocated Worker Program	<input type="checkbox"/> I am now, or have recently been in foster care or out-of-home placement
<input type="checkbox"/> I am pregnant or parenting, regardless of custody	<input type="checkbox"/> I am a high school dropout	<input type="checkbox"/> I have read all of these statements and none of them apply to me

MILITARY SERVICE

Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recently Separated Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch	War/Campaign	Date Enrolled (mm/dd/yy)	Date Discharged (mm/dd/yy)		
Type of Discharge	Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		VA Disability Rate? _____%		

EMPLOYMENT HISTORY

Starting with MOST RECENT EMPLOYER, list your last two employers you have worked in in the past 3 years.

Company Name					
City	State	Job Title			
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Ending Salary \$	Per <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year		
Job Duties		Reason for Leaving			
Layoff Date		Number of weeks unemployed		Number of months in separated occupation	

Company Name					
City	State	Job Title			
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Ending Salary \$	Per <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year		
Job Duties		Reason for Leaving			
Layoff Date		Number of weeks unemployed		Number of months in separated occupation	

EDUCATION INFORMATION

Are you currently attending school? Yes No

If yes, which type? High School/ALC GED/ABE Technical College/College/University

Pell Grant Status	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Applicable				
School	Name & Location	Course of Study	Highest Grade Completed	Did you graduate?	Diploma/GED/Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical College				<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Finished
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Finished

ALTERNATIVE INDIVIDUAL WHO WE MAY CONTACT TO REACH YOU DIRECTLY

Name	Relationship to self	Phone Number (include area code)
Email Address		

I certify that the information is true to the best of my knowledge. I am also aware that the information that I have provided is subject to review and verification, and that I may have to provide documents to support this application. I am aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I understand my right under Minnesota Data Privacy Act and have been given a copy of the Workforce Innovation and Opportunity Act (WIOA) Complaint Procedure. I allow the release of this information to CMJTS members for the purpose of evaluating program effectiveness and to others that the CMJTS program operators feel need to have the information.

Participant Signature		Date (mm/dd/yy)
Parent/Guardian Signature (If under 18)		Date (mm/dd/yy)