



YES Duluth Application
 Duluth Workforce Development
 402 W 1st St., Duluth, MN 55802
 218-302-8400

Application Date: _____ **Referred By:** _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Street Address: _____ Apt # _____ Duluth, MN ZIP: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____ Gender: Male Female
 Birth Date: _____ Age Today: _____ Social Security #: _____ - _____

EDUCATIONAL STATUS

Are you currently attending school? **Yes No** If yes, which school/college: _____
 Select highest grade completed: _____
 Do you have an IEP (Individual Education Plan) through your school? **Yes No**

GENERAL INFORMATION

ARE YOU...	YES	NO	ARE YOU...	YES	NO
Or have you been in foster care?			Recovering from chemical dependency?		
Homeless/Runaway?			Have a parent who is recovering from chemical dependency?		
Limited in the use of the English language?			Been convicted/adjudicated of a gross misdemeanor, misdemeanor or felony?		
Pregnant or Parenting?			Been on probation?		
Been diagnosed with a disability?			Does this disability limit your ability to work?		

Ethnicity: Are you a person of Hispanic or Latino ethnicity, regardless of race? **Yes No**

Race/s: (check all that apply)

- American Indian/Alaska Native Black/African American White/Caucasian
 Asian Pacific Islander/Hawaiian Native

Right to Work: (check only one)

- U.S. Citizen Lawful Permanent Resident (Alien) Alien Authorized to Work
 Alien Registration # _____ Permanent or Expiration Date: _____

Selective Service: If you are male age 18 or older, are you registered with the Selective Service? (www.sss.gov)

- Yes Selective Service # _____
 No
 Not Applicable

Veteran Status:

- I am not a veteran. I am a veteran: Active Duty Start: _____ End Date: _____

FAMILY INCOME

Please list all family members living in your household and their income for the last six (6) months. List all sources of income including gross wages, self-employment, retirement, child support, alimony, social security (SSDI/RSDI), unemployment insurance (UI), and School Aid/Grants (not Pell).

Family Member Name	Age	Relationship to Applicant	Source of Income	Total Income in Past 6 Months
		Self		
FOR OFFICE USE ONLY	Actual Family Size	Eligible Family Size	Total Past Six Months	\$
			Total Annualized	\$

Do you or your family receive any of the following assistance?

- MFIP (MN Family Investment Program)
- RCA (Refugee Cash Assistance)
- Food Support (known as SNAP)
- SSI (Supplemental Security Income)
- GA (General Assistance)
- Free/Reduced School Lunches (applicant only)

EMPLOYMENT STATUS

Are you currently working? No Yes: Part-Time Full-Time Temporary

My last day of work was: _____ Are you eligible for or receiving unemployment? Yes No

Current or Last Employer: _____ Job Title: _____

Pay Rate: _____ Hours Per Week: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Job Title: _____

Pay Rate: _____ Hours Per Week: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Other Volunteer/Work Experience (paid or unpaid): _____

CERTIFICATION STATEMENT

I certify the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may be required to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury.

Applicant Signature

Date

If under 18, Parent/Legal Guardian Signature

Date

CONSENT TO SHARE EMPLOYMENT INFORMATION

Please read. If you need help with or do not understand this form, please contact staff person.

In accordance with the Minnesota State Statute on Data Privacy, M.S. § 268.19, Subd. (1b), I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state's Wage Detail files to Duluth Workforce Development.

I understand that Duluth Workforce Development will use this information ONLY for the following two purposes:

1. Auditing WIOA/MYP Youth Program or Duluth Workforce Development and/or
2. Learning how well the Youth Programs are helping people like me.

I understand that Minnesota state law does not allow Duluth Workforce Development to use this information for any other purpose. This information may not be shared by Workforce Development without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave Duluth Workforce Development Youth Programs.

I may cancel this consent in writing at any time.

_____ Yes, I agree to the sharing of wage and employment information.

_____ No, I do not agree to the sharing of wage and employment information.

Participant's Name(print or type)

Date

Participant's Signature

Participant's Social Security Number

Parent/Guardian Signature (if applicable)

Date

CONSENT FOR MEDIA/PUBLICATION RELEASE

I, _____, hereby authorize Duluth Workforce Development to release written information, photographs, audio recordings, and/or video recordings to the media as an extension of the agency's public recognition of my achievements, contributions, and participation in employment and training programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent, or unit of Duluth Workforce Development arising from this release.

Name (Please Print): _____

Signature: _____

Address: _____

Date: _____

If the above individual is under 18, we also require a parent or legal guardian to sign.

Name (Please Print): _____

Parent/Guardian 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

Carl Crawford, City of Duluth
Equal Opportunity Officer
Human Rights Office
411 W. 1st St., Room 407
Duluth, MN 55802
218-730-5291 (Voice)
ccrawford@duluthmn.gov

Inquiries

WIA/WIOA EO Officer

Susan Tulashie, DEED
Workforce Development Division
1st 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

Inquiries

State EO Officer

Karen Lilledahl, DEED
Diversity & Equal Opportunity
1st National Bank Building, E200
322 Minnesota Street
St. Paul, MN 55101-1351
651-259-7089 (Voice)
651-296-3900 (TTY)
651-297-5343 (FAX)
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, Telephone: 202-693-6502, URL: 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.

Tennessen Warning- How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and
Duluth Workforce Development

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.

Print Name

Signature

Date

Print Name

Parent/Guardian Signature (if applicable)

Date