

Application for Employment and Training Services

Through federal and state-funded grants, Ramsey County can offer employment and training opportunities to eligible youth between the ages of 14 - 24. The first step in determining which services you may qualify for is to complete the attached application *or* apply online at <https://www.ramseycounty.us/residents/assistance-support/youth-resources>.

If you are eligible for a program through the Ramsey County ULEAD Program, you will work with an employment counselor to identify specific job-related goals and training opportunities available to you. Examples of employment and training activities may include paid work experience, funding and guidance for your education path, GED or pursue higher education including college classes, and job search assistance.

Please answer all questions on the application, and sign and date pages 5, 6, and 8. If you are under the age of 18, a parent/guardian signature is required.

Please provide a copy of the following documents with your application:

- A copy of your Social Security Card (must be signed to be accepted) or W2
- Verification of your date of birth (copy of your driver's license or State ID)
- If you are not a United States citizen, provide verification of your immigration status (copy of your Lawful Permanent Resident card or other INS documentation)
- If you are a veteran, provide a copy of your DD214 to receive priority for services

Please return your completed application to:

Ramsey County CareerForce
Attention: Intake Coordinator
2266 2nd Street North
North Saint Paul, MN 55109



We will contact you (via email or mail) to inform you of the status of your application. If you are eligible for services, you will be invited to attend an overview of services available through the Ramsey County ULEAD Program.

If you have any questions on the application process or programs offered, call 651-266-6052.

Please read the Minnesota Data Practices Act on the back side of this page and keep for your records.

MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an applicant for or participant in the ULEAD program, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

Workforce Solutions, as a recipient of federal and state funds, operates programs in Ramsey County to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, Workforce Solutions is authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine your eligibility for participation and to help you find a suitable job. The information will be entered into a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give to qualify for job training services. Failure to complete these items will not adversely affect your eligibility. However, you are encouraged to complete all the items to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment in any ULEAD program with Workforce Solutions.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

SAVE THIS PAGE FOR YOUR RECORDS

- Summer Program
- Year-Round Program

Referral Source: _____

Section #1: PERSONAL INFORMATION

Date: _____

Legal Full Name

Last _____ First Name _____ Middle _____

Street Address _____ Apt. # _____

City _____ County _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

(By providing your email address, you give Ramsey County WFS permission to correspond with you via email)

Social Security # _____ - _____ - _____ Age _____ Date of Birth _____ / _____ / _____

How did you hear about our program? _____

Gender: Male Female

Ethnicity: Hispanic or Latino

Race: (Check all that apply)

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

Veteran Status: Yes No

Selective Service (18 & older males only)
Are you registered with the Selective Service?
 Yes No

Authorization to Work Status: Check one

- U.S. Citizen
 - Eligible Non-Citizen
 - Non-Citizen: Not authorized to work
- Alien Reg. # _____
Expiration Date: _____
Permanent

Notes: _____

Section #2: FAMILY STATUS INFORMATION

Family Size: *Include all relatives who are/or would be included on family tax return (include yourself).*
Living with:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Father | <input type="checkbox"/> Relative: _____ |
| <input type="checkbox"/> On my own | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Foster Care | |

Section #3: FAMILY INCOME

Financial Assistance:

My family **DOES** receive the following types of assistance (add Maxis # where ** appears):

- | | | |
|--|---|---|
| <input type="checkbox"/> MFIP/TANF Grant** _____ | <input type="checkbox"/> Child Support | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> General Assistance (GA)** _____ | <input type="checkbox"/> Social Security | <input type="checkbox"/> Free School Lunch |
| <input type="checkbox"/> Food Stamps** _____ | <input type="checkbox"/> Pension | <input type="checkbox"/> Veterans Disability |
| <input type="checkbox"/> Refugee Assistance** _____ | <input type="checkbox"/> Supplemental Security Income SSI | |

My family **DOES NOT** receive any financial assistance.

Family Income:

Please indicate the entire family income and sources for the last 6 months prior to date of this application.

This section must be completed unless the young adult can document that he/she provides more than 50% of his/her own support. Sources of income include: gross wages and tips, social security (indicate type), pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums.

<u>Name of family member</u>	<u>Relationship to you</u>	<u>Type of Income</u>	<u>Received in Past 6 months</u>
1. _____	Self (applicant)	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Total Amount: _____

Section #4: HEALTH/PERSONAL ELIGIBILITY

Are you homeless or a runaway? Yes No

Do you have a disability? If yes, check **all** that apply:

- Physical Impairment Mental Impairment Learning Disability Emotional Disability
- Behavioral Disability Choose not to disclose any disabilities

If disabled, do you feel your disability is a barrier to employment? Yes No

I am or have struggled with chemical dependency Yes No

I am a child of Drug/Alcohol Abusers Yes No

I am behind 1 or more Grades Yes No

I am a High School Dropout Yes No

I am behind in Reading and/or Math Skills Yes No

I have limited English Abilities Yes No

I am an offender or in a Diversion Program Yes No

I am a Foster child or live in a Group Home Yes No

I am a Parent or Pregnant # of children _____

Yes No I am a Potential Dropout (must fit at least one of the following):

- Poor school attendance Enrolled in a public alternative school
- Dropped out & returned to school Assessed as chemically dependent

Notes: _____

SECTION #5: EDUCATIONAL STATUS

Educational Status:

- I am in the _____ grade at _____ school.
- I am a high school graduate (or received my GED) and plan to attend college or technical school.
- I am a high school graduate (or received by GED) and plan to look for a job.
- I did not complete high school and am not in school now. The last grade I completed _____
- I am currently attending college. Name of college: _____ Year _____
- I will be attending Summer School. Are you missing any credits? Yes No Unsure

IEP: Have you ever had an Individual Education Plan through your school? Yes No Unsure

Education	Name of School	Dates Attended	Last Grade	Major
Junior High School				
Senior High School				
Post-Secondary				

Section #6: EMPLOYMENT STATUS

Are you currently working? Yes No Part time Full time Temp

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

Section #7: EMPLOYMENT HISTORY List your last three employers, starting with the most recent job.

To-From Dates	Name and City of Employer	Wage & Hrs/wk	Job Title	Supervisor's Name	Reason for leaving

Section #8: CAREER INTERESTS

What are your career interests?

Automotive Construction Hospitality Manufacturing Healthcare

Business Human Resources Information Technology

Section #9: TRANSPORTATION

How will you get to work?

Bike Ride Walk Other _____

Is there a business in your neighborhood that you would be interested in working at? If so, what business? _____

CERTIFICATION STATEMENT/RELEASE OF INFORMATION

I hereby give permission for this applicant to participate in ULEAD programs operated by Workforce Solutions. I certify that the information that I have provided on this application is true to the best of my knowledge. I also understand that this information is subject to review for verification purposes, and that it will be used to determine my eligibility for the ULEAD Program. I further understand that the income information will be kept confidential and is subject to audit by program officials.

I understand that I am subject to immediate termination from the ULEAD Program if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if, I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution.

I understand that **completing this application does not guarantee** that I will be enrolled in the ULEAD Program.

I have read and understand the **Minnesota Data Practices Act** explanation provided with this application.

SIGNATURE OF YOUNG ADULT APPLICANT

Date

I give my consent for my daughter/son/ward to participate in the ULEAD program operated by Workforce Solutions.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

Date

ULEAD staff signature

Date

RECERTIFICATION

SIGNATURE OF YOUNG ADULT APPLICANT

Date

I give my consent for my daughter/son/ward to participate in the U LEAD program operated by Workforce Solutions.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

Date

ULEAD Staff Signature

Date

THIS SECTION IS TO BE COMPLETED BY SCHOOL, AGENCY OFFICIAL or ANOTHER REFERRAL SOURCE

*Please check the categories that apply to this student/applicant that you can verify per your records.
For verification purposes, a parent/legal guardian cannot complete this form.*

Name of Applicant: _____ Date of Birth: _____

Social Security#: _____ Do your records verify this applicant's date of birth? Yes No

Reading grade level: _____ Test name: _____ Test date: _____

Math grade level: _____ Test name: _____ Test date: _____

PLEASE INITIAL ALL THAT APPLY TO THIS STUDENT

- | | |
|--|--|
| <input type="checkbox"/> Physical Disability _____ | <input type="checkbox"/> Pregnant/Parenting |
| <input type="checkbox"/> Mental Disability _____ | <input type="checkbox"/> Foster Child |
| <input type="checkbox"/> Learning Disability _____ | <input type="checkbox"/> Homeless or Runaway |
| <input type="checkbox"/> Emotional Disability _____ | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Assessed as Chemically Dependent | <input type="checkbox"/> Child of Drug/Alcohol Abusers |
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> High School Dropout |
| <input type="checkbox"/> Offender/Diversion Program | <input type="checkbox"/> Receives Public Assistance |
| <input type="checkbox"/> Education attainment is below one or more grade levels appropriate to age | |

If you have a disability, please comment on how it is a barrier to employment: _____

_____ certify that the above information is based on School/Agency Records
(PRINT NAME)

_____	_____	_____
School/Agency Staff Signature	Title	Date
_____	_____	_____
Agency	Phone	Date

Please email completed form to: cj.stanton@ramseycounty.us

Or fax to: 651-266-9891

How We Use Your Personal Information

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

Ramsey County Workforce Solutions

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 eligibility for services and service you are eligible for, and 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 next page). I understand that I have the right to file a complaint of discrimination.

_____ Name (Print)	_____ Signature	_____ Date
_____ Name (Print)	_____ Signature of Parent/Guardian (if applicant is under 18)	_____ Date

AGENCY COPY

This material is available in alternative formats, such as large print, Braille, or audio tape.

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, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a 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);

Local Equal Opportunity (EO) Officer:

CJ Stanton, Ramsey County Workforce Solutions, 2266 2nd St. N., North St. Paul, MN 55109, 651-266-6052 (Voice), 651-266-9891 (Fax), cj.stanton@ramseycounty.us

WIOA EO Officer: Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), Karen.Lilledahl@state.mn.us

State EO Officer: Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), Ann.Feaman@state.mn.us

Director, Civil Rights Center (CRC), U.S. Department of Labor

200 Constitution Avenue NW, Room N-4123, Washington, DC 20210

or electronically as directed on the CRC [website at www.dol.gov/crc](http://www.dol.gov/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 may file a complaint with CRC before receiving that Notice. 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.

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**CONSENT TO COLLECT
WAGE AND EMPLOYMENT DATA ON
INDIVIDUALS**

Minnesota CareerForce

The Minnesota CareerForce is asking for your consent to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data (wage and employment information) we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time during this period. If you want to stop your consent, you must write to CJ Stanton, Ramsey County Workforce Solutions, Ramsey County, 2266 2nd Street North, North St. Paul, MN 55109, and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to a Ramsey County Workforce Solutions Representative before you sign.

- I give my consent for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release my wage and employment records
- I agree to let DEED UI release this data to the CareerForce for up to three years
- I understand that the CareerForce needs to collect the data to determine outcomes for workforce development programs
- I understand that, whether this data is released to the CareerForce, it will not affect my participation in Ramsey County Workforce Solutions programs

Signature of Customer _____ Date Signed _____

Print Name _____

Signature of Parent or Guardian _____ Date Signed _____

(If customer is under 18)

Signature of Person Explaining this Form _____ Date Signed _____

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