**Application for Employment & Training Services**

**Complete Application MUST include the following:**

* **Photo ID**
* **Proof of Residency**

**\*\*Utility Bill or Lease\*\***

* **Proof of Tribal Enrollment or Mille Lacs Band of Ojibwe 1st Descendancy**
* **Proof of last two (2) months of Income**

**\*\*Per-cap, Earned and other income received\*\***

***The information you provide will be kept confidential and protected under the DATA PRIVACY ACT, unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs, as well as make the appropriate referrals.***

**WHAT BRINGS YOU IN TODAY? (Please list the services requesting or how we can assist you.)**

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**Please complete the information requested on the other side and return to an Intake Specialist**

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| --- |
| **The following information will be kept confidential and protected under the Data Privacy Act unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs and make appropriate referrals.** |

**APPLICANT INFORMATION**

**Name:** Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

**Address:** Click or tap here to enter text.SSN: Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Message Number: Click or tap here to enter text.

**Federal Funding Requirement – a response is necessary for each category – sex, age group, educational level**

Male Female Youth (18 or under)  Age 19-21 Adult (22+)

**EDUCATION:** Last Year Attended: Click or tap here to enter text. Highest Grade Completed: Click or tap here to enter text. High School Graduate/GED:  Post Education/Degrees (Year): Click or tap here to enter text.

**Federal Funding Requirement**

Earned Income­­­: Click or tap here to enter text. Full Time or Part Time  R**egular  Temporary**

**(Please provide last six (6) months of income) OR check (as it applies) unemployed  underemployed**

Selective Service Number­­: Click or tap here to enter text. Are you registered to VOTE? **YES NO**

**(Males 18-25 must register)**

Are you a Veteran? **YES**  **NO**

Do you receive Social Security Income (SSI)? **YES**  **NO**

If YES, what is the Benefit Amount: Click or tap here to enter text. Start Date: Click or tap here to enter text.

**barriers to Employment (check all that apply)**

Single Head of Household Disabled Individual No High School Diploma/GED

Unemployed 15 + weeks Offender Homeless

Teen Parent Lacks work history Substance Abuse problem

Limited English Proficiency - Math and/or Reading

**PERSONAL/FAMILY INFORMATION** – Use a blank sheet for additional information

**MARITAL STATUS**: Single  Married Living Together  Married/Separated  Divorced  Widowed

**ETHNICITY:** Native Am/Alaskan Native Asian Hispanic Black/African Am  White  Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Household Member** | **Date of Birth** | **Social Security #** | **Relationship** | **Monthly Income** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**I hereby certify that the above information is accurate and true to the best of my knowledge**

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Print Name Print Name of Parent/Guardian

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Applicant Date Signature of Parent/Guardian Date