

Workforce One

DW Enrollment Form

MN & WIA

1. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 2. LAST NAME: \_\_\_\_\_ 3. FIRST NAME: \_\_\_\_\_ 4. M.I.: \_\_\_\_\_

5. ADDRESS LINE 1: \_\_\_\_\_ 6. ADDRESS LINE 2: \_\_\_\_\_

7. CITY: \_\_\_\_\_ 8. ST: \_\_\_\_\_ 9. ZIP + 4: \_\_\_\_\_ 10. COUNTY: \_\_\_\_\_ 11. COUNTRY: U S

12. CITIZEN/RIGHT TO WORK:  CITIZEN  RIGHT TO WORK  NO  
 13. PRIMARY PHONE: \_\_\_\_\_ 14. SECONDARY PHONE: \_\_\_\_\_  
 15. EMAIL: \_\_\_\_\_

PROGRAM APPLICATION

16. APPLICATION DATE: \_\_\_\_\_ (MM/DD/YYYY)  
 Staff Use  
 17. DECISION DATE: \_\_\_\_\_ (MM/DD/YYYY)

ELIGIBILITY CRITERIA

18. DATE OF BIRTH: \_\_\_\_\_ (MM/DD/YYYY) AGE: \_\_\_\_\_

19. GENDER:  Male  Female

20. SELECTIVE SERVICE REGISTRATION:  N/A  Not Registered  Registered - need to list registration number below  
 \_\_\_\_\_  
 SELECTIVE SERVICE NUMBER

21. [Y] [N] RESIDENT OF MN AT TIME EMPLOYMENT ENDED

22. [Y] [N] WORKING IN MN AT TIME EMPLOYMENT ENDED

23. [Y] [N] PERMANENTLY SEPARATED AT TIME OF THIS APPLICATION

24. [Y] [N] AT RISK OF LAYOFF

25. [Y] [N] NOTICE OF LAYOFF -if yes, #33 = no

26. ACTUAL OR PROJECTED DISLOCATION DATE: \_\_\_\_\_

27. UI BENEFIT STATUS:  Eligible - Not Claimant  Eligible - Claimant  Exhausted  Ineligible Labor Force Attachment  Not Eligible/Applicable

28. [Y] [N] UNLIKELY TO RETURN TO PREVIOUS OCCUPATION

29. NUMBER OF WEEKS UNEMPLOYED OUT OF LAST 26: \_\_\_\_\_

30. [Y] [N] LIMITED OPPORTUNITY

31. [Y] [N] PERMANENT CLOSURE

32. [Y] [N] MASS LAYOFF

33. [Y] [N] PUBLIC ANNOUNCEMENT OF CLOSURE

34. [Y] [N] DISLOCATED SELF EMPLOYED

35. [Y] MEETS LOCAL PRIORITY OF SERVICE

DISPLACED HOMEMAKER ELIGIBILITY CRITERIA

36. [Y] [N] UNPAID SERVICES TO FAMILY MEMBERS IN HOME

37. [Y] [N] DEPENDENT ON ANOTHER FAMILY MEMBER'S INCOME

38. [Y] [N] NO LONGER SUPPORTED BY A FAMILY MEMBER'S INCOME

39. [Y] [N] UNEMPLOYED/UNDEREMPLOYED

40. [Y] [N] DIFFICULTY OBTAINING OR UPGRADING EMPLOYMENT

41. [Y] [N] DEPENDENT ON PUBLIC ASSISTANCE BUT NO LONGER SUPPORTED

ENROLLMENT

42. ETHNICITY - HISPANIC OR LATINO:  A Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Cultural in origin, regardless of race.  Not a Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Cultural in origin, regardless of race.

43. RACE:  American Indian or Alaska Native  Asian  Black or African American  Hawaiian Native or Other Pacific Islander  White

44. HIGHEST LEVEL OF EDUCATION:  1st - 11th Grade Completed - Specify Grade  12th Grade Completed, No Diploma  1 Year College/Technical/Vocational  2 Years College/Technical/Vocational  3 Years College/Technical/Vocational  High School Diploma  GED  Bachelor Degree or Equivalent  Education Beyond Bachelor Degree  Attained Associates Diploma or Degree  Attained Certificate of Attendance/Completion  Attained Other Post-Secondary Degree or Certification  No Education Grades Completed

45. FAMILY STATUS:  Not a Family Member  Other Family Member  Parent in a One Parent Family  Parent in a Two Parent Family

46. LABOR FORCE STATUS:  Employed Full Time  Employed Part Time  Employed, Received Term Notice/Military Sep  Not Employed-Previously Not Self-Employed  Not Employed & Previously Self-Employed-Farm  Not Employed & Previously Self-Employed-Non Farm

47. DISABILITY STATUS:  Not Disabled  Yes, and Disability is an Employment Barrier  Yes, Disability Not a Barrier to Employment

48. CATEGORY OF DISABILITY if #53 is Yes:  Both Physical & Mental Impairments  Mental Impairment  Participant Did Not Disclose  Physical Impairment

49. [Y] [N] LIMITED ENGLISH LANGUAGE PROFICIENCY

