

SW MN Private Industry Council

PARTICIPANT APPLICATION

Social Security Number	Print Name: Last First Middle		
Street Address PO Box	City	State	County Zip Code
Birth Date	Sex (Circle) Male Female	Age	Home Phone: Cell Phone: Message Phone: Email Address:

RACE – ETHNICITY (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Ind./AI Nat. <input type="checkbox"/> Hawaiian Native/Pacific Is. <input type="checkbox"/> Hispanic/Latino	SELECTIVE SERVICE <input type="checkbox"/> Required/Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Not Required	CITIZENSHIP <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible, Not Citizen <input type="checkbox"/> Non-Citizen
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<p>*Please Check Those Which Apply:</p> <input type="checkbox"/> General Assistance <input type="checkbox"/> Eligible for or Receiving Food Stamps <input type="checkbox"/> MFIP Recipient: Current Recipient _____ If yes: 36 of last 60 months: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unemployment Compensation Recipient <input type="checkbox"/> Unemployment Compensation Exhaustee <input type="checkbox"/> SSI Recipient <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Foster Child <input type="checkbox"/> Disabled: Physical or Emotional Describe: _____ <input type="checkbox"/> Limited English <input type="checkbox"/> Currently or Previously on Probation/Parole/Diversion <input type="checkbox"/> Income Derived from Farming <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Recovering Chemical Dependency <input type="checkbox"/> Homeless <p><i>*This information will help us determine whether you may be eligible for other types of educational or training assistance</i></p>	<p>FAMILY STATUS (Check one)</p> <input type="checkbox"/> Parent in one parent family <input type="checkbox"/> Parent in two parent family <input type="checkbox"/> Other family member <input type="checkbox"/> Single individual (not a family member) <p>Number of dependents under age 18 (if applicable) _____</p> <p>Current Number of Persons in Household: _____</p> <hr/> <p>CURRENT EDUCATION STATUS (Check one)</p> <input type="checkbox"/> HS Dropout <input type="checkbox"/> HS Student <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Post High School <input type="checkbox"/> College Graduate <input type="checkbox"/> Degree Received _____ <p>Circle Highest Grade Completed</p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td colspan="5"></td> </tr> </table> <p>Receiving Pell Grant <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19					
1	2	3	4	5	6	7	8	9	10	11	12														
13	14	15	16	17	18	19																			

<p>MILITARY SERVICE:</p> <p>Branch _____</p> <p>Dates: From _____ to _____</p> <p>Type of Discharge _____</p> <p>Are you a Vietnam Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Disabled Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Campaign Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>OFFICE USE ONLY:</p> <p>Adult <input type="checkbox"/> YY _____ YO _____ DW _____ None _____</p> <p>(If applicable): Reading Level _____ Math Level _____</p>	<p>CURRENT LABOR FORCE STATUS:</p> <input type="checkbox"/> Presently Employed Full-time <input type="checkbox"/> Presently Employed Part-time <input type="checkbox"/> Unemployed, Date last worked _____ <input type="checkbox"/> Not in Labor Force Number of weeks unemployed in past 26 weeks _____ <p>Hourly Wage at last (or current) job \$ _____</p> <p>Number of hours/week worked (or working) _____</p> <p>Current (or previous) Job Title _____</p> <p>Industry of last (or current) employment _____</p>
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Please list at least two people who do not live in your household but will always know where you live.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

How did you find out about this program? _____

Education	Name of School	Address	# of years completed	Major & Degree
High School				
Technical/Vocational				
College				
Other (Specify)				

Work Experience: Please list your work experience, beginning with your CURRENT or most recent job held

Name/Address/Phone of Employer	Supervisor Name	Employment Dates	Pay or Salary
		From:	Hours/week:
		To:	Pay:
		Last Job Title:	
Reason for leaving:			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

Name/Address/Phone of Employer	Supervisor Name	Employment Dates	Pay or Salary
		From:	Hours/week:
		To:	Pay:
		Last Job Title:	
Reason for leaving:			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

CERTIFICATION STATEMENT:

I verify that the information I have given on this form is true to the best of my knowledge. As a condition of my participation in the CNA Training program, I may be asked to provide proof for some items.

I agree that the information on this application AND information about atny degrees/certifications, wage increases and/or job promotions I have received may be shared by whomever is collecting this application, by the school and/or by my employer (if appropriate) with the parterning Workforce Service Area personnel for participan enrollment, tracking, eligibility review, reporting and evaluation purposes.

I know that a copy of the Minnesota Data Practices Act and the Workforce Service Area Complaint Procedure will be given to me if I ask for one.

Signature Date

Parent/Guardian Signature (if applicable) Date

WSA Data Entry Staff

Phone

Email

**COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB
EQUAL OPPORTUNITY EMPLOYER
Reasonable Accommodations Furnished Upon Request**