



Talent Development Program Trainee Application & Service Plan

Please Print

CUSTOMER INFORMATION					
Last Name		First Name		Social Security Number	
Street Address					
City		State	Zip	County	
Home Phone Number (include area code)		Cell Phone Number (include area code)		Employed Full-Time 32+ per wk	Yes No
Birth Date (mm/dd/yy)		Email Address			
Number of Months in Primary Occupation					
Race/Ethnicity (check one)	White Black American Indian or Alaskan National		Asian		Pacific Islander/Hawaiian
Person of Hispanic Ethnicity?	Yes No				
Selective Service (register for military draft)	Registered / Registration Number (if known):				
	Not Registered Not Required (female, under 18, or born before 1/1/1960)				
Citizenship (check one)	Citizen Eligible Non-Citizen		Non-Citizen		
Family Status	Single Parent in 1-parent family		Parent in 2-parent family		2 person household

MILITARY SERVICE					
Are you a veteran?	Yes No		Recently Separated Veteran?	Yes No	
Branch		Date Enrolled (mm/dd/yy)		Date Discharged (mm/dd/yy)	
Type of Discharge			Disabled Veteran?	Yes No	

CURRENT EMPLOYMENT DETAILS				
Employer Name			Start Date	
Job Title			Current Wage	\$

PREVIOUS EMPLOYMENT DETAILS				
Employer Name			End Date	
Job Title			Ending Wage	\$

EDUCATION INFORMATION		
Highest level of education completed	High School Diploma / GED	Some College
AA Degree	Bachelor's Degree	Master's / Advanced Degree

I agree to provide the information requested and give permission for my current employer to release information to the Northeast Minnesota Office of Job Training (NEMOJT) regarding my employment and earnings. I certify that the information is true to the best of my knowledge. I am also aware that the information that I have provided is subject to review and verification, and that I may have to provide documents to support this application. I understand my right under Minnesota Data Privacy Act and have been given a copy of the Data Privacy and Complaint Procedure. I allow release of this information to NEMOJT members for the purpose of evaluating program effectiveness.

Customer Signature		Date	
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Upon request, this material can be made available in an alternate format.

Last Name: _____

First Name: _____

ADDITIONAL INFORMATION				
Gender:	Male	Female	Did not self-identify	
Migrant Seasonal Farmworker	No	Yes	Individual is a low-income individual (i) who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency. Individual is a seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.	
Disability Status:	No	Yes, that	is or	is not limiting
Currently Attending School:	No	Yes (name) _____		Did not disclose

VOLUNTARY DEMOGRAPHIC INFORMATION - CHECK ALL THAT APPLY (answers are confidential)		
Homeless	Receiving SSI	TANF/MFIP recipient
Food support recipient	Refugee assistance recipient	General assistance recipient
I have had difficulty finding employment due to my criminal record		

STAFF/OFFICE USE ONLY		Staff Initials: _____
Talent Development Employer:		
Meets Local Priority of Service:	Yes	No
Job Title:	Occupation Code (*O-net):	NAICS (Industry Code):
Participating in a Registered Apprenticeship Program:	Yes	No