

Dakota County Dislocated Worker Program Eligibility Questionnaire

THIS FORM MUST BE FILLED OUT COMPLETELY AND ACCURATELY, IF IT IS NOT IT WILL BE RETURNED TO YOU

Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: ____ Zip: _____

County: _____ Phone: _____

Email Address (required, print clearly): _____

Have you filed an Unemployment Claim? Yes, date filed: _____ No Collecting severance? Yes No

Are you a Veteran? Yes No Or the spouse of an active duty military person/veteran? Yes No

Do you belong to a union that refers you to jobs? Yes No Do you plan to retire within a year? Yes No

Have you participated in the Dislocated Worker Program in the past? Yes No

If yes, what agency? _____ Dates of participation: from _____ to _____

List your work history for the **last fifteen years**:

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

Permanent Layoff Seasonal/Temp Layoff Quit Fired Other: _____

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

Permanent Layoff Seasonal/Temp Layoff Quit Fired Other: _____

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Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

Permanent Layoff Seasonal/Temp Layoff Quit Fired Other: _____

Work History continued:

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

Permanent Layoff Seasonal/Temp Layoff Quit Fired Other: _____

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

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Permanent Layoff Seasonal/Temp Layoff Quit Fired Other: _____

Company name: _____ Location city/state: _____ Hours per week: _____

Job title: _____ Start date: _____ End Date: _____ Rate of pay: _____

Permanent Layoff Seasonal/Temp Layoff Quit Fired Other: _____

(If you need more space, please attach a separate sheet)

Will you be called back to your last employer within the next 12 months? Yes No

Was your last job less than 20 hours per week? Yes No

Were you self-employed in your last job? Yes No

Was your last employer a temporary agency or a contract house? Yes No

Were you laid off from your last job due to a permanent business or office/plant closing? Yes No

Were you laid off from your last job due to a layoff of more than 50 people (within a 30 day period?)..... Yes No

What is your main occupation? _____

How long have you worked in that occupation? _____

Do you need special accommodations? Interpreter - Language _____ Other Assistance: _____

Please note: Your orientation & counselor assignment may be at either the Burnsville or West St. Paul WorkForce Centers.

Authorization

I, _____ ; authorize the Department of Employment and Economic Development and the county service providers to share information in order to determine eligibility for services under Title I. I understand this authorization will expire one year from the date of signature on this form or at the completion of my participation in the program including follow-up time.

Signature

Date