



MVAC YOUTH CAREER DEVELOPMENT PROGRAM APPLICATION

Purpose: To provide career development, training, and employment opportunities to youth who qualify and are selected.

Process: Youth will work on 3 components of Career Development. These include:

- Education
 - Attainment of HS Diploma/GED-if applicable
 - Interest and Skills Assessment
 - Develop and Implement an Education Plan
 - Post-Secondary School Options
 - Complete Your Education Goal
- Work Readiness Skills
 - Job Application Practice
 - Resume Writing
 - Cover Letter Writing
 - Interview Practice
 - Follow-Up Letter/Thank-You Letter Writing
 - Developing Positive Work Habits
 - Labor Market Research
 - Career Decision
 - Budgeting
 - Transportation
 - Understanding Community Resources
- Occupation Skills
 - Entering or Completing Advanced Training/Certification Program
 - Entering Unsubsidized Employment

Payoff:

- Youth will earn a credential (HS diploma, GED, certification, post-secondary degree).
- Youth will be prepared to secure and maintain employment.
- Work experience/internship may be provided based on need and availability.
- Support services are provided based on need and availability.

Eligibility:

- ✓ Youth ages 16-24 (May vary according to program regulations)
- ✓ Youth with a limited income
- ✓ Youth who meet an at-risk criteria (listed on page 4 of this application)
- ✓ Live in Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca, or Watonwan County.
- ✓ Youth must be eligible to work in the U.S.

This is a voluntary program.

**Selected youth are willing to complete an educational and/or career goal,
are willing to meet with a MVAC Career Counselor at least monthly,
and are willing to follow through with MVAC's requirements.**

Application Check List

- Complete the attached application. Be sure to fill in EVERY blank on EVERY page.
- Staple a copy of your Social Security Card to the application.
- Staple a copy of your Driver's License or MN ID or Student ID to the application.
- Sign and date all of the forms. If you are under 18 have your parent/guardian sign the forms also.

Pre-Application

Please write a short paragraph telling us why you are interested in being in MVAC's Youth Career Development Program.

Are you interested in MVAC's: Summer Program Only _____ Year-Round Program Only _____ Both _____

Have you decided what you would like to do for your future career? Yes ___ No ___ Please describe.

What is your educational plan; where do you plan to go to school/college/training?

To which communities do you have transportation to attend training/work experience/job?

How did you hear about MVAC's Youth Career Development Program?

WORK HISTORY

Have you been employed for 3 months or longer at the same job? YES NO

Number of weeks unemployed out of the last 26 weeks (6 months). _____

Current or Most Recent Employer: _____ Supervisor _____ Phone _____

Job Title: _____ Number of Hours Per Week: _____ Pay Rate: _____

Job Duties: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Previous Employer: _____ Supervisor _____ Phone _____

Job Title: _____ Number of Hours Per Week: _____ Pay Rate: _____

Job Duties: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

MVAC YOUTH CAREER DEVELOPMENT PROGRAM APPLICATION

NAME:

Last

First

Middle

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

AGE:

GENDER:

- Male *Note: Males, 18 yrs and older must register with Selective Service
 Female

ADDRESS:

Street

PO Box or Apt #

City

State

Zip

COUNTY:

EMAIL ADDRESS:

CELL PHONE:

CELL PHONE COMPANY:

VETERAN:

- Yes (If yes, need copy of DD-214) No

Check here if OK to send text messages to this number

HOME PHONE:

MARITAL STATUS:

- Single Married Divorced

EMERGENCY CONTACT INFORMATION:

Name Address Phone

RACE:

- American Indian or Alaska Native Asian Black Hawaiian/Pacific Islander White

ETHNICITY:

- Hispanic/Latino/a Non-Hispanic/Non-Latino/a

PRIMARY LANGUAGE:

EDUCATION STATUS:

- Not in school-HS dropout. Last grade completed _____
 High school graduate. Date received _____
 GED. Date received _____
 Attending high school. Now in grade _____
 Name of school _____
 Attending post-secondary school/college/training.
 Name of school _____

CITIZENSHIP STATUS:

- US citizen
 Not a US citizen
 Right to work
 Alien registration # _____
 Expiration date: _____
 Permanent resident card ID # _____
 Expiration date: _____

LIVING ARRANGEMENT:

- Live with both parents
 Live with mother
 Live with father
 Live in own apartment/housing-pay rent
 Foster care
 Group home
 Other: _____

DISABILITY STATUS:

- I do not have a disability.
 I have a documented disability and it is a barrier to employment.
 I have a documented disability and it is not a barrier to employment.
 Special ed. teacher's name: _____
 I have an IEP Yes No

PUBLIC ASSISTANCE:

I am currently listed on a grant for:

- SSI
 MFIP (TANF)
 Refugee Assistance
 General Assistance
 Food Stamps
 Free or Reduced School Lunch Program

LABOR FORCE STATUS:

- I am employed full time.
 I am employed part time.
 I am unemployed.
 I am not in the labor force.
 I am a migrant farm worker.
 I am a migrant food processing worker.
 I am a seasonal farm worker.
 I am an interstate migrant seasonal farm worker.

SOCIAL SECURITY CARD - REQUIRED

Staple a copy of your social security card here.
 If needed, apply for a duplicate and provide proof of this.
 Application is not complete without this documentation.

DRIVER'S LICENSE OR ID

Staple a copy of your MN Driver's License or Identification Card containing date of birth here.
 (Or complete age certification on back)

My Family Size Is: Include all relatives who are/would be included on a family tax form (including self)

Youth Applicant Has Dependents: NO YES---Number of dependents_____

LAST 6 MONTHS of WAGES and REPORTABLE INCOME:

1. \$ _____ FAMILY'S GROSS INCOME from the last 6 months. Include all family members, except the youth.
INCLUDES: Wages, alimony, pensions, retirement, OJT Wages, Military Family Allowances, Pay, Net Royalties, Gambling Winnings, Annuities, Interest, Dividends, Workers' Comp, Net Rental Income, Veteran's Payments, SSI, RSDI.
2. \$ _____ YOUTH'S INCOME from the last 6 months.
3. \$ _____ If SELF EMPLOYED or FARM use the amount of adjusted gross income from Form 1040 on your most recent US Tax Return. Use the entire 12 MONTH amount.

NON-REPORTABLE INCOME (Monthly): Check All That Apply-No Dollar Amount Needed:

1. _____ MFIP/DWP/TANF, Refugee Assistance, General Assistance, SSI, RSDI (Please circle which one)
2. _____ Child Support
3. _____ Unemployment Insurance
4. _____ Financial Aid Grant/Loan Amount
5. _____ Military Income (while on active duty)
6. _____ WIA Income
7. _____ Other: _____

WIA: Income Eligible AND One of the Following:

Check All That Apply:

- ___ I am deficient in basic literacy skills-I struggle with reading or math
- ___ I have dropped out of school
- ___ I am homeless, a runaway, or couch-hopping
- ___ I am or have been in foster care
- ___ I am pregnant or a parent
- ___ I have a criminal record
- ___ I need assistance to complete my education or to secure and hold employment*

*If this is the only criteria checked, youth must also have a criteria checked under MYP.

MYP: Income Eligible OR One of the Following:

Check All That Apply:

- ___ I am pregnant or parenting
- ___ I have Limited English Proficiency
- ___ I am a potential or actual high school drop out
- ___ I am a juvenile offender or in a diversion program
- ___ I am receiving public assistance and/or group home services
- ___ I have a documented disability, including learning disabilities
- ___ I am homeless or a runaway
- ___ I am chemically dependent or a child of drug or alcohol abusers/dependents
- ___ I am basic skills deficient-I struggle with reading or math
- ___ I am one or more grades below other students my age
- ___ I am in foster care

AGE CERTIFICATION: Needed only if you do NOT have a driver's license/permit or MN ID Card. Have a school official or other service provider complete and sign:

I hereby certify that _____ was born on _____
Name of Youth Birth Date According to Records

Print Name and Title of Authorized Official

Signature

Date

PARENTAL PERMISSION: Youth who are under 18 years of age need to have parental permission to participate in MVAC's Youth Career Development Program. By signing this application below, youth and parents are agreeing to the following terms:

- Youth has permission to work part-time or full-time at a local work site. There will be direct supervision provided.
- A job coach will not be available on site.
- MVAC staff has permission to contact the youth's school for information on attendance and for coordinating services.
- Youth and/or parent will be responsible for transportation to and from work site.
- Youth will be required to attend some training days/field trips/tours at MVAC county office, Mankato office, or in the surrounding area. MVAC staff, worksite supervisor, contracted driver, or other youth may provide transportation to youth.
- Photos may be taken of youth while at work/training days/field trips/tours. These may be published in the newspaper or other media.
- The Minnesota Government Data Practices Act and the Federal Health Insurance Portability and Accountability Act (HIPPA) are laws that protect your privacy, but also allow us to provide information about you to other agencies as needed for verification purposes, service provision, or as required by law.
- If a youth or parent has a complaint about this program, MVAC will assist in resolving it. A written complaint procedure will be provided to you at any time you request it.

CERTIFICATION STATEMENT:

I certify that the information provided is true to the best of my knowledge, and that it may be subject to review and verification. I have read the information regarding parental permission and releases and agree to its content.

YOUTH'S SIGNATURE _____ DATE: _____

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN'S SIGNATURE (if youth is under 18) _____ DATE: _____

Return this entire application, completed with signatures, to the MVAC office located in your county:

Blue Earth County:

Bonnie Stanton
464 Raintree Rd.
Mankato, MN 56001
(507) 345-2428
bstanton@mnavac.org

Brown County:

Abigail Beranek
1618 S. Broadway
New Ulm, MN 56073
(507) 354-3138
aberanek@mnavac.org

Faribault County:

Alicia Lamphear
301 North Main St.
Blue Earth, MN 56013
(507) 526-5291
alamphear@mnavac.org

Le Sueur County:

Andrea Tangen
125 E. Minnesota St.
Le Center, MN 56057
(507) 357-4246
atangen@mnavac.org

Martin County:

Tammie Hested
412 S. State St.
Fairmont, MN 56031
(507) 235-5518
thested@mnavac.org

Nicollet County:

Bonnie Stanton
464 Raintree Rd.
Mankato, MN 56001
(507) 345-2428
bstanton@mnavac.org

Sibley County:

Elizabeth Blackstad
PO Box 87
Gaylord, MN 55334
(507) 237-2981
elizabeth@mnavac.org

Waseca County:

Jody Weimert
108 10th Ave. SE
Waseca, MN 56093
(507) 835-8240
jody@mnavac.org

Watonwan County:

Stephanie Francis
705 2nd Ave. South
St. James, MN 56081
(507) 375-5748
sfrancis@mnavac.org

Tennessee Warning Notice / Use of Data / WIA Title I-B Equal Opportunity Information

**A partnership sponsored by the Minnesota Department of Employment and Economic Development
and your local One Stop Service Area**

South Central WorkForce Council - Workforce Service Area #7

Please read the Tennessee Warning Notice below and the equal opportunity information on the reverse side. When you finish reading, please sign and date at the bottom.

TENNESSEN WARNING NOTICE:

The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it and any consequences you may experience if you supply the information or not.

Why we need the data

- Your Social Security Number is requested to identify you as a unique individual and to find wage data on you that helps us determine how well our services helped you.
- Personal characteristics; age, gender, ethnicity, race, disability and economic status is collected to evaluate our performance and in some cases to determine if you're eligible for special assistance
- Veteran status is asked to determine if you are eligible for special services and to evaluate our service delivery.
- Work and education history is used to help you plan your employment and training goals.

How we intend to use the data

Work and education history may be shared with prospective employers. In addition to analyzing this data to improve our services, we may share information about you with other employment and training service providers in order to determine what services you may be eligible for and to coordinate services provided to you. Data may be shared with federal and state entities that provide funding for WorkForce Center services. Additionally other government entities with a legal right to this data may see your information

Consequences to you

You can refuse to supply any or all of this information; you are not legally required to provide any of this information to use WorkForce Center services. Not supplying sufficient information may limit our ability to provide you the services you want.

For more information

DEED Data Practices www.deed.state.mn.us/privacy.htm

Minnesota Data Practices Act www.revisor.leg.state.mn.us/stats/13/

Minnesota Department of Administration Information Policy Analysis Division www.ipad.state.mn.us/index.html

EQUAL OPPORTUNITY IS THE LAW: (Please see the reverse side for additional information)

We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation or belief, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all federal, state, and local laws concerning discrimination.

COMPLAINT AND APPEAL POLICY:

If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to an appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance:

Nancy Haag, Community Services Director, Minnesota Valley Action Council, 464 Raintree Road, Mankato, MN 56001, 507-345-2405

I have been made aware of and understand this Tennessee Warning notice. (If you do not understand this statement, please ask that a staff member explain it to you.) I agree that the information on this form may be shared among Minnesota WorkForce Center agencies for the purpose of helping me find employment or training.

I have read the equal opportunity information found on the reverse side "NOTICE TO THE PUBLIC", [Equal Opportunity Is The Law](#). I understand that I have the right to file a complaint of discrimination.

Youth's Signature	(If Youth is Under 18, Signature of Parent or Guardian)	Date
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Please read. If you need help with, or do not understand this form, please contact MVAC staff person.

I agree that the Minnesota Department of Employment and Economic Development may release information on my wages and employment contained on the state's Wage Detail files to the South Central WorkForce Council (SCWFC) and Minnesota Valley Action Council (MVAC). I understand this is private information.

I understand that SCWFC/MVAC will use this information ONLY for the following four purposes:
(Agency Name)

1. Preparing required reports;
2. Auditing WIA Youth or SCWFC/MVAC
(Program Name) (Agency Name)
3. Reviewing my eligibility for SCWFC/MVAC employment and training program;
and/or (Agency Name)
4. Learning how well the WIA Youth is helping people like me.
(Program Name)

I understand that Minnesota state law does not allow SCWFC/MVAC to use this information for any other purpose.
(Agency Name)

This information may not be shared by SCWFC/MVAC without my consent.
(Agency Name)

This consent goes into effect today. This approval expires after three years from the time I leave
WIA Youth
(Program Name)

I may cancel this consent in writing at any time.

- Yes, I agree to the sharing of wage and employment information.
- No, I do not agree to the sharing of wage and employment information.

Youth's Name (print or type)

Date

Youth's Signature

Youth's Social Security Number

Parent/Guardian's Signature (if youth is under 18)

Date

FOR OFFICE USE ONLY

Please complete the **Wage Detail** in Workforce One. Under the History Tab click on Wage Detail Consent.

NOTE: THE PARTICIPANT MAY CANCEL THIS AUTHORIZATION OF CONSENT AT ANY TIME WITH A WRITTEN REQUEST.

NOTICE TO THE PUBLIC **Equal Opportunity Is The Law**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Diane Halvorson
Executive Director
South Central WorkForce Council
464 Raintree Road, Mankato, MN 56001
PHONE: 507-345-2408
TTY: 507-389-6512
FAX: 507-345-2414
EMAIL: diane@mnavac.org

The Director
Civil Rights Center, (CRC)
U.S. Department of Labor
200 Constitution Avenue NW
Room N-4123
Washington, DC 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

The above "NOTICE TO THE PUBLIC" applies to the federal programs covered under the Workforce Investment Act. Complaints concerning services provided by non-WIA programs may be processed differently.

The recipient* must provide the notice to all appropriate parties including: registrants and applicants for services; participants; applicants for employment; employees; unions or professional organizations that hold collective bargaining or professional agreements with the recipient; sub-recipients that receive Workforce Investment Act (WIA) Title 1 funds from the recipient; members of the public, including those with impaired vision or hearing. *Term to Know-Recipient: Any entity to which financial assistance under WIA Title 1 is extended, either directly from the U.S. Department of Labor or through the Governor or another recipient; excluding the ultimate beneficiaries of the WIA Title 1 funded programs or activities.