Residents of Blue Earth, Brown, Faribault, Martin, Nicollet and Watonwan Counties

Minnesota Valley Action Council
706 North Victory Drive
Mankato, MN 56001
Phone 1-800-767-7139
www.mnvac.org

Minnesota Valley Action Council, a community action agency, witnesses hard-working people struggling to make ends meet. MVAC provides solutions in housing, employment, transportation and educational opportunities for children.
The Senior Employment Program may be able to help you find part time employment in order to gain work skills.

REQUIREMENTS-

- 55 years of age or older
- Income eligible
- Unemployed
- Residents of Blue Earth, Brown, Nicollet, Faribault, Martin or Watonwan Counties are eligible

BENEFITS-

- Learn new employment skills
- Help in finding employment in the regular labor market
- Pay is minimum wage (currently $10.00 hour)

Contact Information:

**Blue Earth County**  
Jerry Fischenich  
12 Civic Center Plaza  
Suite 1600A  
Mankato, MN 56001  
Phone 507-344-2641

**Faribault County**  
301 No. Main St.  
Blue Earth, MN 56013  
Phone: 507-526-5291

**Nicollet County**  
Jerry Fischenich  
12 Civic Center Plaza  
Suite 1600A  
Mankato, MN 56001  
Phone 507-344-2641

**Brown County**  
1618 So. Broadway  
Suite 203  
New Ulm, MN 56073  
Phone 507-354-3138

**Martin County**  
412 So. State St.  
Fairmont, MN. 56031  
Phone 507-235-5518

**Watonwan County**  
705 2nd Ave. So.  
St. James, MN 56081  
Phone 507-375-5748
SENIOR EMPLOYMENT PROGRAM

We are an Equal Opportunity Employer and no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination on the basis of race, color, national origin, age, sex, religion, or political affiliation or belief.

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone No.</th>
<th>Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veteran</th>
<th>Spouse of Veteran</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Income Information

List all income actually received from all sources by you, your spouse, and any dependent children. Fill in the ($) amount for the **LAST SIX (6) MONTHS** on the appropriate lines.

- ___________________________ Wages & Salary (Gross before deductions)
- ___________________________ Social Security (Gross benefit amount including Medicare)
- ___________________________ Pensions
- ___________________________ Self Employment Income (Net money income-gross receipts minus operating expenses from a business, farm or other enterprise.
- ___________________________ Unemployment Insurance (excluded for eligibility purposes)
- ___________________________ Other income (money income received from such sources as net rents, alimony, interest, periodic income from insurance policy annuities, financial assistance from outside of the household)

ALL INFORMATION IS PRIVATE. PLEASE FILL OUT THE APPLICATION COMPLETELY (BOTH SIDES) AND RETURN TO:

MVAC – SENIOR TRAINING PROGRAM
ATTN: JERRY FISCHENICH
12 CIVIC CENTER PLAZA – SUITE 1600A
MANKATO MN  56001
PAST WORK HISTORY

FORMER EMPLOYERS (List below your last two employers, starting with the last one first)

Job Title:_______________________________________________________________________
Name of Employer:_______________________________________________________________
Address:_______________________________________________________________________
Phone:_________________________________________________________________________
Date of Employment:  ____________________________   /  ______________________________
from                                                      to
Reason for leaving:________________________________________________________________

Job Title:_______________________________________________________________________
Name of Employer:_______________________________________________________________
Address:_______________________________________________________________________
Phone:_________________________________________________________________________
Date of Employment:  ____________________________   /  ______________________________
from                                                      to
Reason for leaving:________________________________________________________________

Other information:
1. Do you have transportation? ____________________________________________________
   To what communities can you travel? _____________________________________________

2. What type of work are you interested in? _________________________________________

CERTIFICATION

The information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification. I will have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found to be ineligible after enrollment.

______________________________________  ______________________________
Signature of Applicant      Date (month – day - year)