MINNESOTA VALLEY ACTION COUNCIL

706 North Victory Drive
Mankato, MN 56001
Phone 507-345-6822
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 currently $13.00 hour

**Contact Information:**

**Blue Earth County**
Deb Long
706 N. Victory Drive
Mankato, MN 56001
Phone 507-345-2428

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

**Nicollet County**
Deb Long
706 N. Victory Drive
Mankato, MN 56001
Phone 507-345-2428

**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>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>County</th>
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<table>
<thead>
<tr>
<th>Home Phone No.</th>
<th>Family Size</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Veteran</th>
<th>Spouse of Veteran</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Yes  _____ No</td>
<td>_____ Yes  _____ No</td>
</tr>
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### 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.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Wages &amp; Salary (Gross before deductions)</td>
<td></td>
</tr>
<tr>
<td>Social Security (Gross benefit amount including Medicare)</td>
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</tr>
<tr>
<td>Pensions</td>
<td></td>
</tr>
<tr>
<td>Self Employment Income (Net money income-gross receipts minus operating expenses from a business, farm or other enterprise)</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance (excluded for eligibility purposes)</td>
<td></td>
</tr>
<tr>
<td>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)</td>
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ALL INFORMATION IS PRIVATE. PLEASE FILL OUT THE APPLICATION COMPLETELY (BOTH SIDES) AND RETURN TO:

**Deb Long**  
706 N. VICTORY DRIVE  
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)