



Providing personalized and innovative work solutions.

Sector Initiatives Training Application

** MUST COMPLETE IN FULL FOR ELIGIBILITY DETERMINATION

Date completed: _____ Sector Training: _____

PERSONAL INFORMATION						
NAME (LAST, FIRST, MIDDLE):		SOCIAL SECURITY #:	DATE OF BIRTH:	AGE:	SEX (M or F):	
STREET ADDRESS:			CITY:	COUNTY:	STATE MN ZIP CODE	
EMAIL:			HOW OFTEN DO YOU CHECK EMAIL?			
HOME PHONE #: ()	CELL PHONE #: ()	RACE (CHECK ALL THAT APPLY): <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> AFRICAN IMMIGRANT <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/ PACIFIC ISLANDER <input type="checkbox"/> WHITE		ETHNICITY (CHECK ONE): <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON- HISPANIC		
CITIZENSHIP STATUS:						
<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> REGISTERED ALIEN <input type="checkbox"/> REFUGEE-TEMPORARY WORK PERMIT						
ARRIVED IN US: _____		CARD TYPE AND NUMBER: _____		CARD EXPIRATION: _____		
(DATE)		(DATE)		(DATE)		
PRIMARY LANGUAGE? _____			OTHER LANGUAGES KNOWN: _____			
PRIMARY TRANSPORTATION <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____						
BACK-UP TRANSPORTATION: _____						
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES			DO YOU HAVE A CAR AVAILABLE FOR YOUR USE? <input type="checkbox"/> NO <input type="checkbox"/> YES			
SELECTIVE SERVICE REGISTRATION #					<input type="checkbox"/> N/A	
(APPLIES TO MALES 18 & OVER BORN AFTER 12/31/59):						
EMERGENCY CONTACT (NOT) LIVING WITH YOU						
NAME:		RELATIONSHIP:	EMAIL:		PHONE #: ()	
FAMILY STATUS						
MARITAL STATUS (CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED						
PLEASE LIST THE NAMES, RELATIONSHIPS TO YOU, AND DATE OF BIRTH OF ALL PEOPLE LIVING WITH YOU:						
HOW MANY DEPENDENT CHILDREN LIVE IN YOUR HOUSEHOLD: _____						
PRIMARY CHILDCARE: _____			BACK-UP CHILDCARE: _____			
PROGRAM INVOLVEMENT						
ARE YOU IN A TRAINING OR JOB PLACEMENT PROGRAM? <input type="checkbox"/> NO <input type="checkbox"/> YES						
AGENCY:	PROGRAM:	COUNSELOR NAME:	CITY/STATE:	DATES:		

AN EQUAL OPPORTUNITY PROGRAM MAY 2018

EDUCATION

HIGHEST GRADE OF SCHOOL COMPLETED: _____ (1-12) GED HIGH SCHOOL DIPLOMA CERTIFICATE/1 YR
 ASSOCIATE/2 YR BACHELOR/4 YR POST GRAD OTHER TITLE OF DEGREE(S): _____

ARE YOU CURRENTLY ATTENDING SCHOOL? NO YES EXPLAIN: _____

HAVE YOU ATTENDED AN ESL PROGRAM? NO YES, CURRENTLY YES, IN THE PAST

WHERE? _____ WHEN? _____

NAME OF HIGH SCHOOL ATTENDED:	CITY:	STATE/COUNTRY:	YEAR GRADUATED / LAST YEAR ATTENDED:
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POST HIGH SCHOOL EDUCATION

NAME	LOCATION	FROM	TO	DID YOU GRADUATE? IF NOT, % COMPLETED	MAJOR/SUBJECT

LIST ANY CURRENT OCCUPATIONAL LICENSES YOU HAVE:

HEALTH

CURRENT HEALTH INSURANCE: THROUGH EMPLOYER THROUGH FAMILY MEDICAL ASSISTANCE MN CARE
 MN HEALTHCARE PROGRAM GENERAL ASSISTANCE MEDICAL CARE NO COVERAGE

DO YOU HAVE ANY HEALTH OR WORK RESTRICTIONS THAT WOULD AFFECT YOU WORKING ON ANY JOBS?

NO YES DESCRIBE: _____

ARE YOU PREGNANT? NO YES IF YES, WHAT IS YOUR DUE DATE? _____

HAVE YOU LEFT ANY JOB BECAUSE OF HEALTH PROBLEMS? NO YES DESCRIBE: _____

HAVE YOU EVER BEEN DIAGNOSED FOR ANY DISABILITY? DESCRIBE: _____
 NO YES, BUT NOT AN EMPLOYMENT BARRIER YES, AND DISABILITY IS AN EMPLOYMENT BARRIER

DO YOU HAVE ANY CHEMICAL DEPENDENCY ISSUES? NO YES DESCRIBE: _____

LEGAL

DO YOU HAVE A PENDING COURT APPEARANCE? NO YES WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW? NO YES

LIST BELOW ALL CONVICTIONS EXCEPT JUVENILE (UNDER 18 YR):

DATE	CITY/STATE	OFFENSE	RESULT (FINE, INCARCERATION, ETC.)

ECONOMIC STATUS

DO YOU RELY ON SOMEONE ELSE FOR MORE THAN HALF OF YOUR SUPPORT? NO YES EXPLAIN: _____

CIRCLE ALL FINANCIAL ASSISTANCE YOU OR YOUR FAMILY ARE RECEIVING: (LIST DETAILS BELOW)
 MFIP, SNAP, EBT, FOOD SUPPORT, GENERAL ASSISTANCE, REFUGEE ASSISTANCE, ENERGY ASSISTANCE, SSI, OTHER:

PROGRAM	MONTHLY AMOUNT	DATE STARTED	CASE NUMBER

UNEMPLOYMENT INSURANCE STATUS: ELIGIBLE CLAIMANT NOT ELIGIBLE CLAIM EXHAUSTED

MONTHLY AMOUNT (IF ELIGIBLE CLAIMANT): \$ _____ EXPIRATION DATE: _____

WORK HISTORY

CURRENT WORK STATUS: UNEMPLOYED: HOW MANY WEEKS: ____ DISLOCATED WORKER UNDER-EMPLOYED INCUMBENT

COMPANY: _____ POSITION: _____ HOURS PER WEEK: _____ HOURLY WAGE: \$ _____

WHAT TYPE/FIELD OF WORK ARE YOU LOOKING FOR?

LIST YOUR WORK EXPERIENCE, STARTING WITH YOUR MOST RECENT JOB
(PLEASE COMPLETE EVEN IF YOU HAVE A RESUME ATTACHED)

COMPANY NAME	CITY, STATE
JOB TITLE	SUPERVISOR

JOB DUTIES

REASON FOR LEAVING

DATES OF EMPLOYMENT	TOTAL TIME EMPLOYED	HOURS PER WEEK	\$ STARTING SALARY	\$ FINAL SALARY
FROM TO	YEARS MONTHS			

COMPANY NAME	CITY, STATE
JOB TITLE	SUPERVISOR

JOB DUTIES

REASON FOR LEAVING

DATES OF EMPLOYMENT	TOTAL TIME EMPLOYED	HOURS PER WEEK	\$ STARTING SALARY	\$ FINAL SALARY
FROM TO	YEARS MONTHS			

COMPANY NAME	CITY, STATE
JOB TITLE	SUPERVISOR

JOB DUTIES

REASON FOR LEAVING

DATES OF EMPLOYMENT	TOTAL TIME EMPLOYED	HOURS PER WEEK	\$ STARTING SALARY	\$ FINAL SALARY
FROM TO	YEARS MONTHS			

PLEASE EXPLAIN ALL GAPS IN YOUR WORK HISTORY

MILITARY SERVICE

ARE YOU A VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES	SPOUSE OF A VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE OF ENLISTMENT:	DATE OF DISCHARGE:	BRANCH OF SERVICE:	RANK:
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TYPE OF DISCHARGE:

MILITARY JOB DUTIES:

The information I have provided on this application is true to the best of my knowledge. I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among Hired partner agencies in order to help me with training or employment.

_____ Applicant Signature

_____ Date



Sector: Student Interest Form

Name: _____ Email: _____

Phone: (H) _____ (M) _____ Program: _____

1. How will you balance this activity into your schedule?

2. Which areas are your strengths or have you attended workshops in recently (circle all that apply)

Keyboarding – 10 Key – Internet exploration – Emailing – Microsoft Office – Online career assessment
Electronic job applications – Organization/Job preferences – Resume content/formatting/enhancement
Industry/employer research – Cover letters/Thank you notes – Networking – Job search methods
Interview questions/techniques – Responsibility/Expectations – Teamwork/Diversity
Communication/Attitude – Work style/Personality – Conflict Management – Budgeting – Mentoring

3. Describe how your last job ended:

4. List examples of job titles you hope to obtain as a result of successfully completing this program:

5. Understanding of the English language (circle one): Strong Average Weak

6. Math skills (check one): Strong Average Weak

7. Computer skills (check one): Strong Average Weak

8. Describe any potential concerns impacting your success and how you plan to address them:

9. **Letter of Interest:** Attach a one full page essay, describing your interest in our Sector program, specifically addressing answers to each of the following:

- What is the specific program you are applying for, and why are you interested?
- What related skills and experience do you bring to this field?
- What do you feel makes you stand out from other individuals for this career?
- What drives your passion to pursue this program?
- Persuade us why you are an excellent candidate for this program grant opportunity.

If accepted, I commit to showing up on time every day, completing all program assignments, remaining drug free, and regularly keeping in touch with my counselor. All information provided is true.

Signature: _____ Date: _____

*Please fax or email directly to Hired Sector Initiatives: F) 612-529-7131 or
sector.initiatives@hired.org*