Salem Inc

Inquiry and Application

Applicant Information							
Full Legal Name:		Date:					
Preferred Name:	Birth Date(xx/xx/xxxx)	Social Security Number					
Street Address:							
City:	State:	Zip:					
Phone:	Email:						
Cell: Home:							
Are you a citizen of the United States?	I						
	o - Non-Citizen, not autho	orized to work					
Are you a Veteran? YES NO Eligible S	Spouse?	□ NO					
Are you homeless?							
☐ YES ☐ NO If yes, what is your mailing a	ddress?						
How did you hear about us?							
DEED Website							
☐ Flyer ☐ Unemployment Session	_	or School Referral					
☐ CareerForce ☐ Organization Website	,						
What is your primary interest at this time?							
Getting a full-time job with little or no training							
Are you interested in our career pathway training programs?							
If so, which one:							
Other:							
Do you have an employment/job counselor?							
☐ YES ☐ NO If yes, who?							
CERTIFICATION STATEMENT/RELEASE OF INFORMATION							
I understand that I am being asked to provide private information on the Organization Name to enable the Organization Name to assist me. I understand this information may be shared with others and allowed by law							
but only after I have received and signed the full Departm							
Notice How We Use Your Personal Information. I acknowledge and agree that all data I enter will be							
available to the Organization Name. I further acknowledge the Minnesota Government Data Practices Act.	and understand that all d	ata entered is subject to					
I acknowledge that by electing to receive my information via email in a non-secure manner that the information							
will not be encrypted, and that it could be intercepted & viewed by a third party. Organization Name is not responsible for unauthorized access to your information in transmission to the email address you designated							
above.	i italisiilissioli to the ema	iii audress you designated					
Signature							
Client Signature:		ate:					

<u> </u>		APPLICANT INFORMATION										
г	ıll Legal Name:				Pronoun:	Date:						
			EDUCA	TION INFORMA	TION							
Highest grade completed / School Status:												
lf ı	no High School Diploma, w	hat is the	e highest gr	rade level you ha	ave completed? (0-12)							
Col	llege or Other Degree:											
	License or Certificate Att	ained										
	Currently Attending, Prog	gram			Start Date	:						
	Attended Some Years of	College	, No Degree	e If Yes, I	how many years of college	?						
Associate's Degree, ProgramCompletion Date:												
	Bachelor's Degree, Program				Completion Date:_							
] Master's Degree, Progra	ım			Completion Date:_							
	Adult Basic Education] English L	anguage Learne	er (ELL) Classes							
Have you recently completed any math or reading tests through high school, college (Accuplacer), Adult Basic Education, or other? YES NO If yes, when was it completed?												
			HOUSE	HOLD INFORM	HOUSEHOLD INFORMATION							
• Family Member Name: list all related family members who have lived with you in the past 6 months including parents, siblings, children and stepchildren. Please use additional paper if you have more than 5 family members.												
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		ınd stepcl	hildren. <u>Plea</u>			•						
•	parents, siblings, children a Age : list the ages of all fam Relationship : write your re	and stepcl nily memb lationship	hildren. <u>Plea</u> ers o to the liste	ase use additiona d family members	l paper if you have more thats (ex. spouse, child, etc.)	n 5 family members.						
•	parents, siblings, children a Age: list the ages of all fam Relationship: write your re Check if Included in Tax I	and stepcl aily memb lationship Househo	hildren. <u>Plea</u> ers o to the liste ld : check ar	ase use additiona d family members ny family member	I paper if you have more tha	n 5 family members.						
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•	parents, siblings, children a Age: list the ages of all fam Relationship: write your re Check if Included in Tax I Source of Income: list each (ex. employment, Unemploylisted do not have any income)	and stepclaily membelationship Househo the family ryment be me, write	hildren. Plea pers o to the liste Id: check ar member's so enefits, child "none."	d family members by family member ource of income if support, Social S	I paper if you have more that s (ex. spouse, child, etc.) s who file taxes together with they are included in your ta	n 5 family members. n you. x household. u or the family member						
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Total Annualized:

EMPLOYMENT HISTORY

- List all paid employment held in the last 3 years, beginning with the most recent or current job. Attach additional job information on a separate sheet, if necessary.
- Complete all sections. Dates must include month/day/year.

 Check box if you have No Paid 	Work History	for the last 3 years.			
Dates Employed	Employer Information				
From: Mo/Day/Yr	Name				
To: Mo/Day/Yr Last Hourly Wage:	Address				
	City/State/Zip				
# of Hours Worked per Week:	Job Title				
Office Use Only: Amount Earned \$	Job Duties				
Reason for leaving:		nt closing ent Ended e Adjustment Act (TAA)	Expect to return to this employer? YES NO If yes, when? Do you belong to a union? YES NO		
Dates Employed		Employer I	nformation		
From: Mo/Day/Yr	Name				
To: Mo/Day/Yr	Address				
Last Hours Worked per Wook	City/State/Zip				
# of Hours Worked per Week:	Job Title				
Office Use Only: Amount Earned \$	Job Duties				
Reason for leaving: Layoff Quit Medical Contract Department/shift eliminated Accepted Buy-out Package	t Ended 🔲 Pla Temp. Assignme	nt closing ent Ended	Expect to return to this employer? YES NO If yes, when? Do you belong to a union?		
Did your job end due to COVID-193	_	•	☐YES ☐ NO		
Dates Employed			Information		
From: Mo/Day/Yr	Name				
To: Mo/Day/Yr	Address				
Last Hourly Wage: # of Hours Worked per Week:	City/State/Zip				
# of Flours Worked per Week.	Job Title				
Office Use Only: Amount Earned \$	Job Duties				
Reason for leaving: Layoff Fired Strike Quit Medical Contract Ended Plan Department/shift eliminated Temp. Assignment Accepted Buy-out Package Eligible for Trade Did your job end due to COVID-19? YES NO		nt closing ent Ended le Adjustment Act (TAA)	Expect to return to this employer? YES NO If yes, when? Do you belong to a union? YES NO		

Status of Unemployment Benefits (check one)					
☐ Have not applied for Unemployment benefits					
☐ Determined eligible for unemployment benefits. Amount per week \$					
☐ Eligible for unemployment benefits, but not claiming. If not, why?					
Determined Ineligible for Unemployment. Reason					
☐ Recently applied and pending Unemployment determination					
Exhausted Unemployment benefits (\$0 account balance)					
Were you dependent upon the income of another family member (not yourself) that you are no longer supported by? YES NO	9				
Does anyone in the household receive income from Social Security (Retirement, Survivors, or Disability)					
or Supplemental Security Income? YES NO					
If Yes, who receives it?					
Do you have a disability? YES NO Choose not to disclose					
If Yes, check all that apply: Physical Impairment Mental Impairment					
☐ Both Physical/Mental Impairment ☐ Choose not to disclose					
If Yes, do you feel your disability is a barrier to employment? YES NO					
If Yes, do you require accommodations? YES NO					
If Yes, what type of accommodations?					
Do you feel you have limited English speaking ability? YES NO					
If English is limited, do you require an interpreter? YES (specify language) NO					
Ethnicity: Hispanic or Latino Not Hispanic or Latino Choose not to self-identify					
Race: (Check all that apply)					
☐ Black/African American ☐ White ☐ Asian ☐ Choose not to self-identify					
Your answer to this question is voluntary. Do you, a friend, or any member of your family have a history of opioid use? Please answer YES NO					
CERTIFICATION STATEMENT/RELEASE OF INFORMATION					
I certify that the information is true to the best of my knowledge. I am aware that the information I provide is subject to review and certification and I may have to produce documents to support this application. I am also aware that I am subject to termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.					
Signature					
Applicant Signature: Date:					