



## MVAC YOUTH EMPLOYMENT AND TRAINING PROGRAM APPLICATION

### Uncertain About Your Future? Let Us Help !

You are invited to apply for Minnesota Valley Action Council's Youth Employment and Training Program! This is your opportunity to:

#### GET A GOOD JOB

- Find Your Talents and Skills
- Use Our Job Search Resources
- Paid Work Experience
- Possible Academic Credit While You Work
- Master the Skills Employers are Willing to Pay For

#### PLAN YOUR FUTURE AND MAKE IT HAPPEN

- Develop Your Plan of Action
- Help in Getting Your Diploma or Advanced Training
- Explore Careers and "Hot Jobs" to Find Out What Fits in Your Future
- Assistance with Paying for Your Training
- Learn Good Financial Fitness Skills

#### WHO?

- Eligible youth must be 16-24 years old who are from a limited-income family with priority given to at risk and older youth.
- Youth must live in Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca, or Watonwan Counties; and be a U.S. citizen, or a person eligible to work in the U.S.
- This is a voluntary program. Only youth willing to work hard and cooperate with MVAC's requirements should apply.

#### WHAT?

- A paid work experience program for youth to develop work readiness skills.
- A continuing opportunity to work with a MVAC advisor to develop plans for training and educational opportunities.

#### WHERE?

- Employment in private and public worksites in the nine county area.

#### WHY?

- Youth can earn and save money
- Youth will learn job skills, good job habits, and leadership skills.
- Youth will learn financial fitness skills.
- Youth can prepare for their future in the work world.

Please write a short paragraph telling us why you are interested in being in Minnesota Valley Action Council's Youth Employment and Training Program

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What type of work would you like to do?

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To which communities will you have transportation?

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How did you hear about MVAC's Employment and Training Program? \_\_\_\_\_

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**WHAT DO YOU NEED TO DO NOW** (Check off each item as you complete them)

- Complete the attached application. Be sure to fill in EVERY blank on EVERY page.
- Staple a copy of your social security card and your driver's license or student ID card to app.
- Have a Savings Account and submit the "Direct Deposit Savings Account Form"
- Sign and date forms and have your parent sign forms if you are under 18.

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

**Blue Earth County:**

Bonnie Stanton  
464 Rain Tree Road  
Mankato, MN. 56001  
(507) 345-2428

**Le Sueur County:**

Emily Fritz  
PO Box 34  
Le Center, MN. 56057  
(507) 357-4246

**Sibley County:**

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

**Brown County:**

Andrea Weier  
1618 S. Broadway  
New Ulm, MN. 56073  
(507) 354-3138

**Martin County:**

Vicki Paskey  
412 S. State St.  
Fairmont, MN. 56031  
(507) 235-5518

**Waseca County:**

Jody Weimert  
108 10<sup>th</sup> Ave. SE  
Waseca, MN. 56093  
(507) 835-8240

**Faribault County:**

Melissa Dirkes  
301 North Main St.  
Blue Earth, MN. 56013  
(507) 526-5291

**Nicollet County:**

Bonnie Stanton  
464 Rain Tree Road  
Mankato, MN. 56001  
(507) 345-2428

**Watonwan County**

705 2<sup>nd</sup> Ave. So.  
St. James, MN. 56081  
(507) 375-5748

## M.V.A.C. YOUTH PROGRAM APPLICATION

This application must be completely filled out for MVAC to determine your eligibility. **PLEASE PRINT CLEARLY**

NAME: Last	First	Middle	SOCIAL SECURITY NO.	DATE OF BIRTH	AGE	<input type="checkbox"/> Male <input type="checkbox"/> Female
STREET NO. & STREET NAME Apt #			CITY	ZIP	COUNTY	
MAILING ADDRESS IF DIFFERENT FROM ABOVE: P. O. #						If you are a male, 18 years old, or older, are you registered for selective service? Yes ___ No ___
HOME PHONE # (    )	YOUTH CELL PHONE # (    )	YOUTH E-MAIL ADDRESS :				

**EMERGENCY CONTACT:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

<b>RACE</b> <input type="checkbox"/> Am. Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Is. <input type="checkbox"/> White	<b>Citizenship Status</b> (check 1 only) <input type="checkbox"/> Citizen <input type="checkbox"/> Not a citizen <input type="checkbox"/> Right to work Alien registration card ID# _____ Expiration Date _____ Permanent resident card ID# _____ Expiration date _____	<b>Education Status</b> (check 1 only) <input type="checkbox"/> Not attending H S Dropout Last grade completed _____ <input type="checkbox"/> H.S. Grad. (no post H.S.)/GED <input type="checkbox"/> Attending Alternative School <input type="checkbox"/> Post H.S. (college, Vo-Tech) # of years completed _____ <input type="checkbox"/> High School Student Now in Grade _____ Name of School Attending _____	<b>Living With</b> (check 1 only) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Group Home <input type="checkbox"/> Other (List) _____	<b>Public Assistance –</b> I am CURRENTLY listed on a grant for: <input type="checkbox"/> S. S. I. Recipient <input type="checkbox"/> TANF/MFIP <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Eligible for School Lunch Program (MYP only)
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<b>Disability Status (Please check one)</b> <input type="checkbox"/> I do <u>not</u> have a disability <input type="checkbox"/> I have a documented disability and it is a barrier to employment <input type="checkbox"/> I have a documented disability and it is <u>not</u> a barrier to employment <b>Special ed. teacher's name:</b> _____ <b>I have an IEP Yes ___ No ___</b>	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced ___ # of Dependents
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<b>Labor Force Status</b> <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Unemployed	<b>Migrant-Seasonal Farm Worker Status</b> <input type="checkbox"/> No, not a migrant-seasonal farm worker <input type="checkbox"/> Yes, a migrant-seasonal farm worker <input type="checkbox"/> Yes, an interstate migrant-seasonal farm Worker
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**MY FAMILY SIZE IS:**  (Include all relatives who are/would be included on family tax return (including self))

<p><b><u>Last 6 months Wages and Reportable Income</u></b>          If one does not apply, put 0 in the blank.</p> <p>1. \$ _____ Family's gross income last 6 mos. (include all family members, <u>but youth</u>). This includes: wages, alimony, pensions, retirement, OJT wages, military family allowances, pay, net royalties or gambling winnings, annuities, interest, dividends, Worker's Comp, net rental income, veteran's payments, SSDI, OASI benefits</p> <p>2. \$ _____ Youth (applicant) gross income (last 6 mos.)</p> <p>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.</p>	<p><b><u>Non-Reportable Income (Monthly)</u></b></p> <p>1. _____ MFIP/TANF, Refugee Assistance, General Assistance, SSI, Social Security (Old age, blind, disabled, survivor benefits)</p> <p>2. _____ Child Support</p> <p>3. _____ Unemployment Compensation</p> <p>4. _____ FAFSA Grant and Loan Recipient</p> <p>5. _____ Military Income (while on active duty)</p> <p>6. _____ WIA income</p> <p>7. _____ Any Other income: specify _____</p>
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<p><b>REQUIRED</b>          STAPLE COPY OF <b>SOCIAL SECURITY CARD</b> HERE:          Application is not complete without this document.</p>	<p>STAPLE A COPY OF YOUR DRIVER'S LICENSE/PERMIT OR MN IDENTIFICATION CARD HERE (Or complete Age Certificate on back)</p>
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# M.V.A.C. YOUTH PROGRAM APPLICATION

**Additional Needed Information About Youth--- Please Check ALL That Apply:**

<p><b>WIA: Income eligible AND one of the following:</b></p> <p><input type="checkbox"/> I am deficient in basic literacy skills</p> <p><input type="checkbox"/> I am a school drop out</p> <p><input type="checkbox"/> I am homeless, a runaway, or foster child</p> <p><input type="checkbox"/> I am pregnant or a parent</p> <p><input type="checkbox"/> I am an offender</p> <p><input type="checkbox"/> I need assistance to complete my education or to secure and hold employment *</p> <p style="margin-top: 10px;">* If this is the only criteria checked, youth must also have one criteria checked under MYP</p>	<p><b>MYP: Income eligible OR one of the following:</b></p> <p><input type="checkbox"/> I am pregnant or a parenting youth</p> <p><input type="checkbox"/> I have limited English speaking ability</p> <p><input type="checkbox"/> I am a potential or actual high school drop out</p> <p><input type="checkbox"/> I am a juvenile offender or in a diversion program</p> <p><input type="checkbox"/> I am getting public assistance or in a group home</p> <p><input type="checkbox"/> I have a documented disability including learning</p> <p><input type="checkbox"/> I am homeless or a runaway</p> <p><input type="checkbox"/> I am, or a parent is, chemically abusive/dependent</p> <p><input type="checkbox"/> I am basic skills deficient</p> <p><input type="checkbox"/> I am one or more grades below students my age</p> <p><input type="checkbox"/> I am in foster care</p>
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**Age Certificate: Needed only if you do not have a driver's license/permit or MN ID card. Have a school official or service provider complete and sign.**

I hereby certify that \_\_\_\_\_  
(Name of Youth)

Birth Date according to our record \_\_\_\_\_

Print/Type 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 Program. By signing this application below, youth and parents are agreeing to the following terms:

- Youth has permission to work part-time at a local work site. There will be direct supervision provided. A job coach will not be available on site.
- 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 at MVAC county office, Mankato office or in the surrounding area. MVAC staff, worksite supervisor, or contracted driver may provide transportation to youth.
- Photos may be taken of youth while at work or on supervised field trips or training days. 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 SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT PARENT/GUARDIAN NAME** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Parent/Guardian signature is needed if applicant is under age 18 or is claimed as a dependent for income tax purposes)

**MVAC is an Equal Opportunity/Affirmative Action Employer and no person shall be discriminated against on the basis of race, color, national origin, age, gender, religion, political views or affiliation, or program participation.**

# **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**

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*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.*

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### **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](http://www.deed.state.mn.us/privacy.htm)

Minnesota Data Practices Act [www.revisor.leg.state.mn.us/stats/13/](http://www.revisor.leg.state.mn.us/stats/13/)

Minnesota Department of Administration Information Policy Analysis Division [www.ipad.state.mn.us/index.html](http://www.ipad.state.mn.us/index.html)

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### **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.

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### **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

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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.

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Date \_\_\_\_\_ Signature (If Under 18, Signature of Parent or Guardian)

**This material is available in alternative formats, such as large print, Braille, or audio tape.**

## **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  
E-MAIL: [diane@mnvac.org](mailto:diane@mnvac.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.

Please read. If you need help with or do not understand this form, please contact 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 SCFWC/MVAC  
(Program Name) (Agency Name)
3. Reviewing my eligibility for SCWFC/MVAC employment and training program;  
(Agency Name) and/or
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.

Participant's Name (print or type)

Date

Participant's Signature

Participant's Social Security Number

Parent/Guardian Signature (if applicable)

Date

**FOR OFFICE USE ONLY**

Please complete the **Wage Detail** field on the Applicant Information form (# 92) or MFIP Short Application (# 34). Enter a "Y-YES" or "N-No" as indicated by the checked box above consenting to share their wage and employment information. **NOTE: THE PARTICIPANT MAY CANCEL THIS AUTHORIZATION OF CONSENT AT ANYTIME WITH A WRITTEN REQUEST.**



**DIRECT DEPOSIT SAVINGS ACCOUNT FORM**

**Take To Your Bank To Be Completed**

All youth who want to work for MVAC programs, must have or set up an active **Savings Account (not a checking account)**. We will electronically deposit all paychecks.

To open an account most banks will require two forms of identification, including a photo ID. If you are under 18, the bank may require a parent's signature, so take a parent with you to the bank. MVAC will mail you a payroll notice each time we deposit money into your account. You should keep these payroll notices to verify your income.

**I authorize MVAC and the bank listed below to automatically deposit my payroll payments.**

\_\_\_\_\_  
Youth signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature if youth is under 18 years of age

\_\_\_\_\_  
Date

**BANKER:** This youth has or is interested in setting up a **Savings Account** at your bank. If possible, waive requirements as to a specified dollar amount for opening an account, a minimum balance, processing or monthly fees.

**Please complete the following information needed to set up a MVAC electronic payroll deposit.**

Youth's Name: \_\_\_\_\_

Youth's Address: \_\_\_\_\_  
\_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_  
\_\_\_\_\_

**Bank Phone Number:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Youth's Savings Account Number** \_\_\_\_\_

\_\_\_\_\_  
**BANK Representative Signature (or bank stamp)**

\_\_\_\_\_  
**Date**