

## Youth Employment Application

Through federal WIOA-Y and state-funded grants, Ramsey County and YWCA St. Paul can offer employment and training opportunities to eligible youth ages 16-24. If you are eligible for the WIOA-Y program, you will work with an employment counselor to identify specific job-related goals and training opportunities available to you.

Please answer all questions to the best of your ability. A YWCA staff will be available to assist. Sign and date where indicated. If you are under the age of 18, a parent/guardian signature is required.

**Please bring a copy of the following documents to your intake meeting:**

- A document which verifies your Social Security Number (Social Security Card or W2)
- A document which verifies your date of birth (Birth Certificate, Driver's License, or other state ID)
- If you are not a US citizen, provide verification of immigration status (Lawful Permanent Resident card or other INS documentation)
- If you are a veteran, a copy of your DD214

**If you are missing documents, staff will work with you to get them.**

Questions and Application can be directed to YWCA St. Paul Youth Development Staff

**Angie Rouch, LSW**

Youth Support Specialist

651-265-0708 / 651-243-1864

[ARouch@ywcastpaul.org](mailto:ARouch@ywcastpaul.org)

**Kateri DeShaw**

Youth Support Specialist

651-265-0754 / 651-243-0312

[KDeshaw@ywcastpaul.org](mailto:KDeshaw@ywcastpaul.org)

**Please read the Minnesota Data Practices Act on the next page and keep for your records.**

## **MINNESOTA DATA PRACTICES ACT**

### **Your Right to Privacy**

As an applicant for or participant in the Youth Employment Services program, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

#### **Authority to Collect Data**

YWCA St Paul, as a recipient of federal and state funds, operates programs in Ramsey County to help eligible youth in training for and/or obtaining jobs. As part of its responsibilities as a recipient of these funds, YWCA St Paul is authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

#### **Purposes and Uses of Data Collected**

The information asked for will be used by the program's staff to determine your eligibility for participation and to help you find a suitable job placement. The information will be entered into a record-keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation, or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only and will not disclose and personal identifying information about you.

#### **Effects of Non-Disclosure**

You may be asked to provide data that you are not required to give to qualify for job training services. Failure to complete these items will not adversely affect your eligibility. However, you are encouraged to complete all the items to allow for a more complete assessment by staff. Intentional misrepresentation of information (lying) about income or employment will result in termination from enrollment in any employment services program with YWCA St Paul.

#### **Wage Detail Files**

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program. After you leave the program, we will keep your file until state and federal laws let us destroy it.

**Save this page for your records**

## YOUTH EMPLOYMENT APPLICATION

### Basic Information

Legal Name: Last First Middle Initial

Preferred Name (If different from above) Pronouns

Birth date (Month/Date/Year) Age Social Security #

Address (include apt. #) City State Zip County

Home Phone Cell Phone E-mail Address ☐ HOME ☐ CELL ☐ EMAIL  
Preferred Contact

Emergency Contact Name Phone

How did you hear about this program?

Gender: ☐ Male ☐ Female ☐ GNC ☐ GNB ☐ \_\_\_\_\_

Ethnicity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race: *(Check all that apply)*

- ☐ American Indian/Alaskan Native  
☐ Black/African American  
☐ White  
☐ Asian  
☐ Hawaiian Native/Pacific Islander

Veteran Status: ☐ Yes ☐ No

*(18+ males only)* Are you registered with the Selective Service? ☐ Yes ☐ No

Authorization to Work: *(Check one)*

- ☐ US Citizen  
☐ Eligible Non-Citizen  
☐ Non-Citizen: Not authorized to work

Alien Reg. # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permanent? ☐ Yes ☐ No

Do you need help obtaining any documents? ☐ Yes ☐ No

Which ones?

\_\_\_\_\_  
\_\_\_\_\_

## Family Status Information

How many people live in your household? (including yourself) \_\_\_\_\_

Living with:

- ☐ Both Parents  
☐ Mother  
☐ Father  
☐ On my own

- ☐ Foster Care  
☐ Group Home  
☐ Homeless

☐ Relative:

☐ Other:

## Family Income

Does your family receive financial assistance ☐ Yes ☐ No

If yes, which:

- ☐ MFIP/TANF Grant  
☐ Child Support  
☐ Unemployment Insurance  
☐ General Assistance

- ☐ Social Security  
☐ Free School Lunch  
☐ Food Stamps/SNAP  
☐ Pension

- ☐ Veterans Disability  
☐ Refugee Assistance  
☐ Supplemental Security Income (SSI)

What is the total annual (yearly) household income (includes all members of your household)? Please check the income range below that corresponds with the number of people in your family.

1 family member:	<input type="checkbox"/> Up to \$21,000 <input type="checkbox"/> \$21,001 – 35,000 <input type="checkbox"/> \$35,001 – 42,000 <input type="checkbox"/> \$42,001 – 52,850 <input type="checkbox"/> \$52,851+	5 family members	<input type="checkbox"/> Up to \$32,400 <input type="checkbox"/> \$32,401 – 54,000 <input type="checkbox"/> \$54,001 – 64,800 <input type="checkbox"/> \$64,801 – 81,550 <input type="checkbox"/> \$81,551+
2 family members:	<input type="checkbox"/> Up to \$24,000 <input type="checkbox"/> \$24,001 – 40,000 <input type="checkbox"/> \$40,000 – 48,000 <input type="checkbox"/> \$48,001 – 60,400 <input type="checkbox"/> \$60,401+	6 family members:	<input type="checkbox"/> Up to \$34,800 <input type="checkbox"/> \$34,801 – 58,000 <input type="checkbox"/> \$58,001 – 69,600 <input type="checkbox"/> \$69,601 – 87,600 <input type="checkbox"/> \$87,601+
3 family members:	<input type="checkbox"/> Up to \$27,000 <input type="checkbox"/> \$27,001 – 45,000 <input type="checkbox"/> \$45,001 – 54,000 <input type="checkbox"/> \$54,001 – 67,950 <input type="checkbox"/> \$67,951+	7 family members:	<input type="checkbox"/> Up to \$37,200 <input type="checkbox"/> \$37,201 – 62,000 <input type="checkbox"/> \$62,001 – 74,400 <input type="checkbox"/> \$74,401 – 93,650 <input type="checkbox"/> \$93,651+
4 family members:	<input type="checkbox"/> Up to \$30,000 <input type="checkbox"/> \$30,001 – 50,000 <input type="checkbox"/> \$50,001 – 66,000 <input type="checkbox"/> \$66,001 – 75,550 <input type="checkbox"/> \$75,551+	8 family members:	<input type="checkbox"/> Up to \$39,600 <input type="checkbox"/> \$39,601 – 66,000 <input type="checkbox"/> \$66,001 – 79,200 <input type="checkbox"/> \$79,201 – 99,700 <input type="checkbox"/> \$99,701+

Eligibility
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Other Notes: \_\_\_\_\_

Education
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Please check and complete all the apply to you

I am in the \_\_\_\_\_ grade at \_\_\_\_\_ school

I am a high school graduate or earned a GED and plan to attend college or a technical school

I am a high school graduate or earned a GED and plan to look for a job

I did not complete high school and am not in school now. The last grade I completed \_\_\_\_\_

I am currently attending college at \_\_\_\_\_ Year: \_\_\_\_\_

☐ I will be attending Summer School. Missing Credits? ☐Yes ☐No ☐Unsure☐ had or currently have an Individual Education Plan through my school.

Last/Current School attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Employment
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Are you currently working? ☐ Yes ☐ No ☐ Part-time ☐ Full-time ☐ Temporary

My last day of work was:

Are you eligible for unemployment? ☐ Yes ☐ No ☐ Unsure

Please list your last three employers, starting with most recent, if any

Dates	Employer & City	Wage and Hours	Job Title	Supervisor	Reason for Leaving

What fields are you interested in? What is your dream job? What do you like to do?

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Is there a business in your neighborhood that you would be interested in working for?

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How will you get to work? ☐ bike ☐ drive ☐ walk ☐ bus ☐ Other: \_\_\_\_\_

**For Staff Use Only**

Based on information provided in this application, this youth has been determined to be:

- ☐ Eligible to receive WIOA funds  
☐ Ineligible to receive WIOA funds

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YWCA St. Paul  
Program Participant  
WAIVER AND RELEASE**

My child(ren) and/or I will be participating in YWCA St. Paul's Youth Employment Services program (the "Program"). I (we) are doing so voluntarily and waive any right or cause of action arising out of our participation in the Program from which liability may or could accrue against YWCA St. Paul or its affiliated entities, officers, directors, employees or representatives (collectively the "Provider"). I further waive and release any claims against the Provider arising out of our use of services or equipment connected with or involvement in YWCA St. Paul or the Program, whether they arise on or off YWCA St. Paul's premises. I agree that this waiver is meant to cover claims, demands, injuries and damages arising out of any negligence or other non-willful conduct attributable to the Provider or the Program, including but not limited to claims arising out of or relating to transportation to or from the Program or program activities. By signing below, I acknowledge the above waiver, agree that I entered it voluntarily and knowingly, and represent that I am the parent and/or guardian of the child(ren) listed below. I further represent that I am authorized to sign this Waiver on my own behalf and on behalf of these same minor child/children, whose names are listed below.

Participant's or Parent/Guardian's Printed Name: \_\_\_\_\_  
*(If participant is 18 years of age or older, list their name)*

Participant's or Parent/Guardian's Signed Name: \_\_\_\_\_  
*(If participant is 18 years of age or older, they should sign)*

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**YWCA St. Paul  
Image Release Form**

I hereby grant to YWCA St. Paul the right to capture my image in still pictures, videos and other media, for use at the sole discretion of YWCA St. Paul. I irrevocably grant to YWCA St. Paul all rights, title and interest in my image, including without limitation, the rights to reproduce, and publicly display my image.

I acknowledge and agree that I do not now, or at any time in the future, expect to receive any compensation (monetary or otherwise) for the use of my image.

I further acknowledge and agree that I hereby waive all rights to threaten or bring suit against YWCA St. Paul, or any of its directors, officers, employees, subcontractors or agents, on the grounds that the taking, use, non-use, editing, or other action taken or not taken in connection with my image, damaged my person, property or reputation, invaded my privacy, defamed me, or violated my personality rights or any other legal right of mine. Notwithstanding the terms of this release, should I initiate and prevail in any legal action against YWCA St. Paul, I also agree that my total monetary award will be absolutely limited to one dollar (\$1.00).

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Printed Name (Individual photo was taken of)

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Printed Name (Parent/Guardian name if individual is under age 18)

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Signature (Parent/Guardian signature if individual is under age 18)

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Date

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Address

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City State Zip

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(Day Phone)

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(Evening Phone)



**DATA PRIVACY**  
**(Who may have access to the information you provide)**

The information you provide is important to help us know you well enough to serve you effectively and to provide us with the facts we need to evaluate our services. It is reasonable to expect that you furnish enough information to allow us to provide reasonable professional services. Lacking such information, we may not be able to provide the desired services.

Our records contain counseling, supportive services and statistical information which is securely protected. Some information is kept in a computerized central record system. The uses and protections of your records are governed by program policies and by the Minnesota Government Data Practices Act. Information which identifies our clients is classified as “private data” under the Act.

YWCA Youth Development participants may be contacted after they have finished the program to help us evaluate the services. When you are contacted for this follow-up, we would appreciate your voluntary participation. All information you provide is confidential.

We are strongly committed to safeguarding your privacy. Except as listed below, information on your records may be shared only with designated organizations in the program or programs in which you are participating.

- You sign a “Release of Information” form which allows us to share information with those individuals or programs specified.
- A court of law may subpoena information related to an issue in which you are involved.
- Professionals are required by Minnesota Law to report suspected abuse or neglect or vulnerable adults.
- If a participant states an intention of seriously harming him/herself or another person, a counselor may have the legal obligation to contact authorities or warn the intended victim.
- If we are asked to complete a program directive of a court official, we will release information regarding your progress to authorized representative of that court.
- If a child is enrolled in our program, the custodial parent will be provided information about the child’s protection in the program when requested, unless prohibited by legal order.

I have read the above Data Privacy information. I have had the opportunities to ask any questions about this material and how it applies to my situation.

Participant Signature	Date
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Parent/Guardian Signature (if under age 18)	Date
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Witness Signature (Staff)	Date
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## How We Use Your Personal Information

**A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED), Ramsey County Workforce Solutions, and YWCA St. Paul**

*Please read the Notice below and the Equal Opportunity is the Law Notice on the next page. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.*

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When you receive services from state or federally funded programs, we will ask you for information about yourself. 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 outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

### Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.
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### Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

☐ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

☐ I have read the Equal Opportunity is the Law Notice (found on the next page). I understand that I have the right to file a complaint of discrimination.

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Name (Print)

Signature (if under 18, signature of Parent/Guardian)

Date

## 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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA 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 WIOA 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

### WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I–financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

**Local Equal Opportunity (EO) Officer:** CJ Stanton, Ramsey County Workforce Solutions, 2266 2nd St. N., North St. Paul, MN 55109, 651-266-6052 (Voice), 651-266-9891 (Fax), [cj.stanton@ramseycounty.us](mailto:cj.stanton@ramseycounty.us)

**WIOA EO Officer:** Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), [Karen.Lilledahl@state.mn.us](mailto:Karen.Lilledahl@state.mn.us)

or

**State EO Officer:** Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [Ann.Feaman@state.mn.us](mailto:Ann.Feaman@state.mn.us)

**Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210** or electronically as directed on the CRC [website at www.dol.gov/crc](http://www.dol.gov/crc).

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 may file a complaint with CRC before receiving that Notice. 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.

**Consent to Share Wage &  
Employment Information**

In accordance with the Minnesota State Statute on Data Privacy, M.S. § 268.19, Subd.(1b), I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state's Wage Detail files to Workforce Solutions.

I understand that this is private information and my decision to refuse to provide consent to share this information will not have an effect on my participation in the program.

I understand that Workforce Solutions will use this information ONLY for the following two purposes:

1. Auditing the ULEAD Program and Workforce Solutions and/or
2. Learning how well the ULEAD Program is helping people like me.

I understand that Minnesota state law does not allow Workforce Solutions to use this information for any other purpose.

This information may not be shared by Workforce Solutions without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave the ULEAD Program.

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.

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Participant's Name (print or type)

Date

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Participant's Signature

Participant's Social Security Number

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Parent/Guardian Signature (if applicable)

Date