



Scott County E & T Program Contact Record



F Name: _____ M Name: _____ L Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____ County: _____

My Last Job Was At: _____ Located In: _____

Ending Salary/Wage \$ _____ Full Time (31 hrs) Part Time (less than 31 hrs)

Job Ended On: _____

Due To The Following Reasons (please check below):

Layoff Due to Downsizing or Business Closure

Fired for Cause

Seasonal / Temp Lay Off

Other, explain briefly: _____

What is your primary or usual occupation? _____

How long have you worked in your primary occupation / industry? _____ years.

Yes No I am a Veteran who has served at least one day of active duty with other than a dishonorable discharge.

Yes No Are you a **Qualified Veterans Spouse** (definition below):

* Spouse of a Veteran who:

- has a total disability resulting from a service-connected disability;

- died of a service-connected disability;

- died while a disability so evaluated was in existence.

* Spouse of an active duty member of the Armed Forces who has been listed as Missing in

Action for more than 90 days or was captured in the line of duty by a hostile force or forcibly detained by a foreign government or power.

Yes No Do you belong to a union that refers you to jobs?

Yes No Will you be called back to your last employer within the next 12 months?

Yes No Were you self-employed in your last job?

Yes No Are you seeking full time employment (31 or more hours a week)?

Yes No In the last three years, did you work for at least one year (12 months) with at least 31 hours per week?

Yes No Are you eligible to receive unemployment insurance benefits?

Yes No Have you exhausted unemployment insurance benefits? Date Exhausted: _____

Yes No Are you collecting severance?

Yes No Have you been with your most recent employer or occupation / industry for more than 10 yrs.?

Yes No Are you eligible for TAA (Trade Adjustment Assistance) for a certified workplace?

Yes No Were you laid off from your last job due to a layoff of more than 50 people (in a 30 day period)?

Yes No Are you 17-24 years of age and interested in youth program services?

Yes No Are you low income?

Yes No Are you receiving public assistance (SNAP, MFIP, DWP)?

Yes No Are you basic skills deficient?

(Please fill out both sides of this document)

Scott County E & T Program Contact Record (continued)

- Yes No Are you an individual with a disability?
- Yes No Do you consider yourself an older individual?
- Yes No Are you an ex-offender?
- Yes No Are you homeless?
- Yes No Have you been unemployed long-term (27 or more consecutive weeks)?

To get another job, I need:

- Job Search Assistance
- Training (please check all that apply below):
- Computer Training
 - Skill updates in my field to be marketable to employers
 - A Technical Certificate
 - High School Diploma or GED
 - Other (specify): _____

Yes No Are you now or were you ever enrolled in a Dislocated Worker Program at any agency?

If yes, where? _____ When? _____

Do you need special accommodations, if yes please list?

Interpreter / Language: _____ Other: _____

I authorize the Department of Employment and Economic Development and the county service providers to share information in order to determine program eligibility. I understand this authorization will expire one year from the date of signature on this form or at the completion of my participation in the program including follow-up time. I confirm that the information provided above is accurate and true to the best of my knowledge.

Falsification may result in disqualification from the program.

Please Note: this form is for screening purposes and is not an application.

Signature: _____ Date: _____

Contact Records can be completed onsite, mailed, or dropped off at the Scott County Government Center West, 200 Fourth Avenue W, Shakopee, MN 55379. Please feel free to call 952-496-8310 if you need assistance.

For Office Use Only

Add to:

- Dislocated Worker Referral List / Priority _____ Other: _____
- WIOA Adult Referral List / Priority _____ Not Eligible: _____

Completed By: _____ Date: _____

We are an equal opportunity employer / program provider of the American Job Center. Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with disabilities in need of an accommodation should contact 952-496-8310 at least 3 days prior to the event.