

MN State Energy Sector Partnership (MESP) PARTICIPANT REGISTRATION

Social Security Number	Print Name: Last			First	Middle
Street Address	PO Box	City	State	County	Zip Code
Birth Date	Sex (Circle) Male Female	Age	Home Phone: Cell Phone: Message Phone:		Email Address:

RACE – ETHNICITY (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Ind./Al Nat. <input type="checkbox"/> Hawaiian Native/Pacific Is. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> More than one race	SELECTIVE SERVICE <input type="checkbox"/> Required/Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Not Required	CITIZENSHIP <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible, Not Citizen <input type="checkbox"/> Non-Citizen
---	--	--

Please Mark (Y) Yes or (N) No: <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Do you have a disability? <input type="checkbox"/> Live in high poverty area (15% or more)? <input type="checkbox"/> Have a criminal record? <input type="checkbox"/> Need supportive services to participate in training (If yes, Identify: _____)	CURRENT EDUCATION STATUS (Check highest level completed) <input type="checkbox"/> HS Dropout <input type="checkbox"/> HS Student <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Post High School <input type="checkbox"/> College Graduate Degree Received _____ Circle Highest Grade Completed <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	10	11	12	13	14	15	16	17				
1	2	3	4	5	6	10	11	12											
13	14	15	16	17															

MILITARY SERVICE: Branch _____ Dates: From _____ to _____ Type of Discharge _____ Are you a Vietnam Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Disabled Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the spouse of a disabled or deceased while disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER: Do you live in a county impacted by automotive-related restructuring? (in MN, Clearwater and Ramsey counties) <input type="checkbox"/> Yes <input type="checkbox"/> No	CURRENT LABOR FORCE STATUS: <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed, Date last worked _____ <input type="checkbox"/> Dislocated Worker (terminated, laid off, or received notice of termination or lay-off) <input type="checkbox"/> Previously self-employed <input type="checkbox"/> Has your job been impacted by national energy and environmental policy? (Y or N) <input type="checkbox"/> Are you in need of updated training related to the energy efficiency and renewable energy industries? (Y or N) <input type="checkbox"/> Incumbent Worker (need training to secure, advance, retain employment) <input type="checkbox"/> Not in Labor Force Hourly Wage at last (or current) job \$ _____ Number of hours/week worked (or working) _____ Current (or previous) Job Title _____ Industry of last (or current) employment _____
--	---

Turn Page Over For Assurances and Signature

How did you hear about our program?

Please list at least two people who do not live in your household but will always know where you live.

Name _____ Address _____ Phone _____
Relationship to you _____

Name _____ Address _____ Phone _____
Relationship to you _____

I verify that the information in this registration is true and correct. As a condition of my participation in the MESP Education/ Training program, I agree to provide information on any degrees/certifications, wage increases and/or job promotions received while I am in training or when I complete my training/education program.

I also agree that the information on this registration AND information about any degrees/certifications, wage increases and/or job promotions I have received may be shared by whomever is collecting this application, by the school and/or by my employer (if appropriate) with the partnering MESP personnel and DOL for participant enrollment, tracking, eligibility review, reporting, and evaluation purposes.

I know that a copy of the Minnesota Data Practices Act will be given to me if I ask for one. I have read, understand and have been provided with a copy of the WIA Complaint Procedure and the Equal Employment Opportunity policy statement.

Signature Date Parent/Guardian Signature (if applicable) Date

RAD Data Entry Staff Phone Email

COMPLETING THIS REGISTRATION DOES NOT GUARANTEE A JOB
EQUAL OPPORTUNITY EMPLOYER
Reasonable Accommodations Furnished Upon Request