

Applicant Name: \_\_\_\_\_

# OfficePRO



In order to verify that you are eligible to receive free training through OfficePRO, please answer the following:

I am:

If YES, then complete the following:

<input type="checkbox"/> receiving public assistance (myself or a family member) within the last 2 years <input type="checkbox"/> MFIP <input type="checkbox"/> SNAP <input type="checkbox"/> GA	Maxis case #: _____ Employment Counselor Name: _____ Agency: _____ Phone / Email: _____
<input type="checkbox"/> a person of color, and/or of Hispanic or Latino ethnicity	If NOT checked on the previous page, please check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> African Immigrant <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic / Latino regardless of race
<input type="checkbox"/> experiencing housing insecurity	This is defined as lacking a fixed, regular and adequate nighttime residence. May include the following situations: <ul style="list-style-type: none"> <li>• Living in a shelter (family, domestic violence, or temporary housing program)</li> <li>• In a motel, hotel or weekly rate housing</li> <li>• Staying with friends or relatives</li> <li>• Staying on the street, in a car, or other building not meant for housing</li> <li>• In adult temporary foster care</li> </ul> Housing program: _____ Case Manager: _____ Phone/Email: _____
<input type="checkbox"/> a person convicted of a misdemeanor or felony	Please complete the Criminal Conviction Statement and Release of Information (separate form). Note: A criminal background will not disqualify you from participating in OfficePRO.
<input type="checkbox"/> 50+ years old	Birth date: _____
<input type="checkbox"/> an individual living with a disability	<input type="checkbox"/> Disability is not an employment barrier <input type="checkbox"/> Disability is an employment barrier
<input type="checkbox"/> unemployed for 26 weeks or more	Please complete income and household size verification on the reverse of this page. (Not required if receiving public assistance)
<input type="checkbox"/> underemployed or low-income	Please complete income and household size verification on the reverse of this page. (Not required if receiving public assistance)
<input type="checkbox"/> a veteran or veteran's spouse	<input type="checkbox"/> Veteran * <input type="checkbox"/> Spouse of a Veteran Active Duty Start Date: _____ Active Duty End Date: _____ Type of Discharge: _____ * Please provide a copy of your DD214

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OfficePRO Eligibility Application



**Citizenship Status:**

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Registered Alien	<input type="checkbox"/> Refugee-Temporary Work Permit
Card type and number:		
Card Expiration:	Date arrived in US:	

**Selective Service:**

(For males born January 1, 1960 or later)	<input type="checkbox"/> Registration Number:	<input type="checkbox"/> Not applicable
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**Emergency Contact:**

Name:	Relationship:	Phone #:
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**Income Status:**

Current work status: <input type="checkbox"/> Unemployed: Date last employment ended:	
<input type="checkbox"/> Part time employed seeking full time	<input type="checkbox"/> Full time employed
Current employer:	Position:
Hours per week:	Hourly wage:
Does this position fit your educational level / employment goals: <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	

You may SKIP the following section if you are already receiving public assistance or participating in another workforce program through the state of Minnesota. Please sign and date at the bottom.

**Family Status:**

<input type="checkbox"/> Single, living on your own	<input type="checkbox"/> Living with family (includes living with a spouse or partner, no children in the home)
<input type="checkbox"/> Parent in 1 parent family (sole custody of child(ren) under 18 living in the home)	<input type="checkbox"/> Parent in 2 parent family (share custodial support for child(ren) under 18 living in the home)
Eligible family size: (yourself, spouse, and any dependents under 18 in the home):	Dependents under 18:
Actual household size (total number of persons living in your household regardless of age or relationship):	

The information I have provided on this application is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I have been made aware of and understand the Data Privacy notice. I agree that the information on this form may be shared among Hired partner agencies in order to help me with training or employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

