



GLOBAL FATHERHOOD FOUNDATION

: Statement/Release Information

REF : Re-entry Pilot Grant 2023-2024

Applicant Information

Full Legal Name:		Date:
Preferred Name: <input type="checkbox"/>	Birth Date (xx/xx/xxxx) <input type="checkbox"/>	Social Security Number
Street Address:		
City:	State:	Zip:
Phone: <input type="checkbox"/> <input type="checkbox"/>	Email:	
Cell: <input type="checkbox"/>	Home: <input type="checkbox"/>	
Are you a citizen of United States?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO - Eligible Non-Citizen	<input type="checkbox"/> No - Non-Citizen, not authorized to work
Are you a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/> Eligible Spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are YOU HOMELESS? <input type="checkbox"/>		
NO If yes, what is your mailing address?		
How did you hear about us?		
<input type="checkbox"/> DEED Website	<input type="checkbox"/> Virtual Hiring Event	<input type="checkbox"/> Counselor _____
<input type="checkbox"/> Flyer	<input type="checkbox"/> Unemployment Session	<input type="checkbox"/> Agency or School Referral
<input type="checkbox"/> Career-Force	<input type="checkbox"/> Organization Website	<input type="checkbox"/> Other: _____

What is your primary interest at this time?

Getting a full-time job with little or no training

Are you interested in our career pathway training programs?

If so, which one: _____

Other: _____

Do you have an employment/job counselor?

YES NO If yes, who? _____

CERTIFICATION STATEMENT/RELEASE OF INFORMATION

I understand that I am being asked to provide private information on the Organization Name to enable the Organization Name to assist me. I understand this information may be shared with others and allowed by law but only after I have received and signed the full Department of Employment and Economic Development Notice How We Use Your Personal Information. I acknowledge and agree that all data I enter will be available to the Organization Name. I further acknowledge and understand that all data entered is subject to the Minnesota Government Data Practices Act.

I acknowledge that by electing to receive my information via email in a non-secure manner that the information will not be encrypted, and that it could be intercepted & viewed by a third party. Organization Name is not responsible for unauthorized access to your information in transmission to the email address you designated above.2

Signature

Client Signature:

Date: