



Workforce Development Program

Participant Application Form

Global Fatherhood Foundation

Please complete all sections in ink. All information is kept strictly confidential and used solely to determine program eligibility and services. If you need help completing this form, please contact our office.

1 PERSONAL INFORMATION

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State County ZIP Code

Phone: _____ Email _____

SS #: _____ - _____ - _____ Date of Birth: _____

△ Please provide copies of your SS Card and a Photo ID with your application.

Gender (check one)

Male Female Non-binary / Other Prefer not to identify

Emergency Contact: Name _____ Phone _____ Relationship _____

2 JUSTICE INVOLVEMENT

A criminal record does not automatically disqualify you. We work with individuals at all stages of re-entry.

Do you have current or past justice involvement (incarceration, parole, probation, criminal record)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently in a corrections facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes — DOC #: _____

If currently incarcerated — Housing upon release

<input type="checkbox"/> Transitional Housing — Which one? _____	<input type="checkbox"/> Private Residence	<input type="checkbox"/> Other: _____
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DOC Release Date: _____ Release County: _____ Move Date (if applicable): _____

Probation / Parole Officer Name & Phone Number _____

3 BACKGROUND & ELIGIBILITY

Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If No — Do you have the right to work in the U.S.? Yes No

Alien Registration # _____ Expiration Date: _____

Are you a resident of Minnesota?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an Immigrant or Refugee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes — Country of origin: _____

Are you proficient in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If No — Primary language: _____ Do you require an interpreter? Yes No

Veteran Status (check all that apply)

<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Veteran	<input type="checkbox"/> Veteran — < 180 days active service
<input type="checkbox"/> Transitioning Service Member	<input type="checkbox"/> Active Service, Ill or Wounded	<input type="checkbox"/> Spouse / Family Caregiver of Veteran

Race (check all that apply)

<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Black / African American	<input type="checkbox"/> White / Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian Native / Pacific Islander	<input type="checkbox"/> Prefer not to identify

If other, explain: _____

Ethnicity (check one)

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Prefer not to respond
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4 FAMILY & HOUSEHOLD

Family Status (check one)

<input type="checkbox"/> Individual without dependents	<input type="checkbox"/> Parent in a one-parent family
<input type="checkbox"/> Parent in a two-parent family	<input type="checkbox"/> Other family member

Dependents under age 18	Actual Family / Household Size	Annual Family Income \$	
Do you have custody of your children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have child support arrears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes — Amount: \$ _____			
Are you currently homeless?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your disability status?	<input type="checkbox"/> Not Disabled	<input type="checkbox"/> Yes, Disability is Employment Barrier	<input type="checkbox"/> Yes, Disability Not Barrier to Employment

Assistance / Benefits Received (check all that apply)

<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Social Security Disability)	<input type="checkbox"/> TANF / MFIP
<input type="checkbox"/> SNAP / Food Benefits	<input type="checkbox"/> Diversionary Work Program	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Refugee Assistance	<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Other

5 EDUCATION, TRAINING & CAREER GOALS

Highest Level of Education Completed (check one)

<input type="checkbox"/> Some High School — Grade: ____	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> GED	<input type="checkbox"/> Some College — Years: ____
<input type="checkbox"/> Associate’s Degree	<input type="checkbox"/> Bachelor’s Degree
<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Certificate / Vocational

Certifications / Credentials already obtained:

Are you currently enrolled in school or a training program?
If No, skip to question indicated by ★ Yes No

Name of School / Program _____ **Program / Major** _____

Start Date _____ **Expected Graduation / Completion Date** _____

Financial Aid (if any): Pell Grant Scholarship Student Loan Work Study None

Do you have outstanding student loans? Yes No
 If Yes — Approximate amount: \$ _____

★ **Specific program or credential you want to pursue:** _____

Preferred institution to enroll in: _____ **When would you like to begin?** _____

Educational / Training Goal

Describe your educational or training goal...

Employment / Career Goal

Describe the job or career path you are working toward...

How did you hear about us? (check all that apply)

<input type="checkbox"/> CareerForce / WorkForce Center	<input type="checkbox"/> DEED Website	<input type="checkbox"/> Counselor / Caseworker	<input type="checkbox"/> Flyer / Poster
<input type="checkbox"/> Friend / Family	<input type="checkbox"/> Social Media	<input type="checkbox"/> Agency or School	<input type="checkbox"/> Other

Referral Source — Name & Contact Number: _____

6 EMPLOYMENT SITUATION & BARRIERS

This program is designed to support individuals who face genuine barriers to stable employment. Please read the statements below and check ALL that currently apply to you. This helps us understand your situation and connect you to the right services.

My employment situation (check all that apply)

<input type="checkbox"/> I am currently unemployed and seeking work	<input type="checkbox"/> I am underemployed (working below my skill level or in part-time work involuntarily)
<input type="checkbox"/> I was recently laid off or my job ended	<input type="checkbox"/> I have been out of the workforce for 6 months or more
<input type="checkbox"/> I am a displaced homemaker (was dependent on another's income and now need to support myself)	<input type="checkbox"/> I am re-entering the workforce after caregiving responsibilities
<input type="checkbox"/> My current wages are not enough to meet basic household needs	<input type="checkbox"/> I am transitioning out of military service

Barriers I face in obtaining or retaining employment (check all that apply)

<input type="checkbox"/> Lack of education or credentials for my desired field	<input type="checkbox"/> Lack of significant work history
<input type="checkbox"/> Transportation challenges	<input type="checkbox"/> Childcare or dependent care responsibilities
<input type="checkbox"/> Housing instability or homelessness	<input type="checkbox"/> Health condition or disability
<input type="checkbox"/> Limited English proficiency	<input type="checkbox"/> Criminal record impacting job opportunities
<input type="checkbox"/> Long gap in employment history	<input type="checkbox"/> Lack of professional network or job search skills
<input type="checkbox"/> Financial barriers (cannot afford training / tools / certifications)	<input type="checkbox"/> Other barrier — please describe below

If selected "Lack of Significant Work History", please explain here... Describe any other barriers or your specific situation here...

Primary reason for applying to this program

<input type="checkbox"/> To gain employment or re-enter the workforce
<input type="checkbox"/> To improve my wages or move into a better-paying occupation
<input type="checkbox"/> To obtain skills and credentials needed for career advancement
<input type="checkbox"/> To complete training required as a prerequisite for a specific program (e.g., nursing, healthcare)
<input type="checkbox"/> To explore career options while currently unemployed or underemployed
<input type="checkbox"/> Other — please describe:

7 LABOR FORCE STATUS & EMPLOYMENT HISTORY

Current Labor Force Status (check one)

<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed, not seeking work	<input type="checkbox"/> Employed, Received Term Notice/ Military Sep.

Unemployment Insurance Status (check one)

<input type="checkbox"/> Neither claimant nor exhaustee	<input type="checkbox"/> Exempt from work search	<input type="checkbox"/> Exhausted benefits
<input type="checkbox"/> Claimant — referred by RESEA	<input type="checkbox"/> Claimant — referred by WPRS	<input type="checkbox"/> Claimant — not referred

Number of weeks without a job in the past year: _____ **Did you experience a layoff related to COVID-19?** _____

I can work (check all that apply)

<input type="checkbox"/> 1st Shift	<input type="checkbox"/> 2nd Shift	<input type="checkbox"/> 3rd Shift	<input type="checkbox"/> Overtime	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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Do you have any current scheduling conflicts? (classes, court dates, sentence to serve, etc.) Yes No

If Yes — What dates/times: _____

I have NO paid work history in the last 3 years

Dates Employed (From - To)	Employer: Name & City	Job Title	Wages	Hours Per Week	Reason for Leaving

Desired hourly rate: _____ **Date available for work:** _____

May we contact past employers? Yes No

I give consent to obtain Wage Data for program evaluation purposes Yes No

8 CERTIFICATION & SIGNATURE

IMPORTANT - READ BEFORE SIGNING I certify, to the best of my knowledge, that the information submitted is complete and correct. I understand that if employed, the Global Fatherhood Foundation may terminate my registration if I have made any false statements or misrepresentations in this application or during the onboarding process. I understand that this application is not an offer of employment.

Applicant Signature

Date

Electronic Only:

I enter my full name to electronically sign this application: _____ Date: _____

Questions or comments: _____

If applying by mail, return to:
 Global Fatherhood Foundation
 6901 78th Ave. N #106
 Brooklyn Park, MN 55445

04 / 2026