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| Man-Tra-Con Corporation |
| Disaster Recovery Application |
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An equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

**Disaster Recovery**

**Application for Employment**

Social Security Number#:

Last Name: First Name: M I.

Street Address: Apt. City:

Zip: Home Phone: Work Phone: Ext.

Cell phone: Email: County:

**Education Status:**

Highest Grade Completed:

Have you ever been convicted of:

* Felony, list date:
* Misdemeanor, list date:

**Additional Contacts in case of emergency:**

**Contact 1**

Last Name: First Name: M I.

Street Address: Apt. City:

Zip: Home Phone: Work Phone: Ext.

Cell phone: Relationship to contact:

**Contact 2:**

Last Name: First Name: M I.

Street Address: Apt. City:

Zip: Home Phone: Work Phone: Ext.

Cell phone: Relationship to contact:

**Work History: Please list most recent first.**

Employer Name: Job Title:

Street Address: City: St:

Zip: Contact Name: Contact Number:

Job Duties:

Wages per Hour: Hours per wk: Start Date: End Date:

 MM/DD/YY MM/DD/YY

Reason for Leaving:

**Work History:**

Employer Name: Job Title:

Street Address: City: St:

Zip: Contact Name: Contact Number:

Job Duties:

Wages per Hour: Hours per wk: Start Date: End Date:

 MM/DD/YY MM/DD/YY

Reason for Leaving:

**Work History:**

Employer Name: Job Title:

Street Address: City: St:

Zip: Contact Name: Contact Number:

Job Duties:

Wages per Hour: Hours per wk: Start Date: End Date:

 MM/DD/YY MM/DD/YY

Reason for Leaving:

**CHECK ALL JOBS YOU ARE QUALFIED TO FILL. LIST ALL SKILLS, QUALIFICATIONS & CERTIFICATIONS. PROVIDE SUPPORTING WORK HISTORY ON THE NEXT PAGE.**

* **MANAGER/COORDINATOR**
* **SUPERVISOR**
* **HUMAN RESOURCES**
* **CLERICAL**
* **DATA ENTRY**
* **BOOKKEEPING/FINANCIAL**
* **DEBRIS CLEAN-UP**
* **HEAVY EQUIPMENT OPERATOR** (PLEASE CHECK ALL THAT APPLY & LIST QUALIFICATIONS)
* Dozer
* Excavator
* Skid Steer Loader
* Backhoe Loader 4WD Ext
* Dump Truck 5YD CDL license required
* Other
* **OTHER**

**LIST ALL OTHER RELEVANT SKILLS AND EXPERIENCE**

❑CDL LICENSE ❑EXPERIENCE OPERATING A CHAINSAW

OTHER:

**ELIGIBILITY SELF-CERTIFICATION**

The NEG Disaster grant has the following three categories of eligibility.Please check all that apply:

* I have been temporarily or permanently dislocated (laid off) as a result of the disaster.
* I am an Eligible dislocated worker. A dislocated worker can be broadly defined as an individual who involuntarily lost his/her most recent employment. Under most circumstances, dislocated workers are eligible for unemployment benefits.
* I am **long-term unemployed** as defined by the State. For purposes of the NEG Disaster grant, Illinois has defined long-term unemployed as individuals who have been unemployed for at least 12 of the last 26 weeks. **If this box is checked, you must select a category below:**

Veterans receive preference in each eligibility category: **VETERAN ❑ YES, ❑ NO**

Priority of Selection **within the Long-Term Unemployed Category**

To assist in the selection of temporary workers (participants) from among eligible long-term unemployed applicants, selection is to be guided using the following categories listed in order of priority:

* **Category A**
	+ An individual who has been unemployed at least 12 of the last 26 weeks, is currently unemployed, has a substantial employment history, and has been seeking permanent employment.
* **Category B**
	+ An individual who has been unemployed at least 12 of the last 26 weeks, is currently employed, and has a substantial employment history. Employment is for the purpose of income maintenance and a WIA staff member has determined that the individual is not currently self-sufficient based upon the local WIA self-sufficiency policy.
* **Category C**
	+ An individual who currently is either unemployed or employed part-time; **and**
	+ during at least 12 of the last 26 weeks has either been unemployed or working not more than 30 hours per week; **and**
	+ has been seeking but unable to secure full-time employment; **and**
	+ a WIA staff member has determined that the individual is not currently self-sufficient based upon the local self-sufficiency policy.

NOTE: Substantial employment history means the individual has at least 12 months of full-time work experience or 24 months of part-time work experience.

**ATTESTATION**

I hereby certify, to the best of my knowledge, the above information is true. I certify that the information provided on this form is accurate and complete. I further acknowledge that eligibility for the NEG Flood Recovery Temporary Jobs is based upon falling under an eligibility category as listed above. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the Flood Recovery Program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required within 45 days.

Applicant’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature (in ink): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: