

# WE ARE YOUR DOL



## 599 Training Application

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Instructions:

- Complete and return this application to your One-Stop Center **as soon as possible after you have been accepted into training**. Proof of your acceptance into training and your attendance in at least 12 hours of classroom training or 12 credit hours per week are required. **Necessary documentation must be attached for your application to be considered complete.** (See Part III)
- Answer all questions. **Missing information will delay and/or impact the outcome of the application process.**
- Write your Social Security Number on each page of this application and on all attachments. Write only in the space provided, do not staple, or write outside the margins or on the back of the application. If additional space is needed, use an 8 ½" x 11" sheet of white paper.

### PART I – Trainee Information

What was your most recent job title? \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What were your major job duties?

Do you expect to be able to find another job in this same occupation?    Yes    No

If No, why not? \_\_\_\_\_

If you had other employment in the past 3 years, list dates of employment, your job titles and briefly describe your job duties.

Was your last job:        Full Time    Part Time

Days    Evenings    Nights    Weekends

Other: \_\_\_\_\_

During what hours and days are you currently available for work?

What type of work are you currently seeking? \_\_\_\_\_

**NOTE:** Unless and until you receive written notice of approval under Section 599, you must be ready, willing and able to work full-time as well as actively seeking work in order to maintain your unemployment insurance eligibility. You are required to keep a written record of your job search efforts.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you do not receive Section 599 approval,

Are you willing to quit school for full-time work?    Yes    No

If no, why not? \_\_\_\_\_

Can you work full-time around your school schedule?    Yes    No

If no, explain? \_\_\_\_\_

Can you rearrange your class schedule to accommodate full-time work?    Yes    No

If no, please explain: \_\_\_\_\_

List any previous training/college programs that you have completed.

| School/City/State | Training Course/Major | Date Completed  |
|-------------------|-----------------------|-----------------|
|                   |                       | ___ / ___ / ___ |
|                   |                       | ___ / ___ / ___ |
|                   |                       | ___ / ___ / ___ |

## PART II – Training Information

Name of School or Training Facility where currently enrolled:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Training Program Title: \_\_\_\_\_

Beginning date of training: \_\_\_ / \_\_\_ / \_\_\_ Training ending date (Graduation): \_\_\_ / \_\_\_ / \_\_\_

Job skills to be learned: \_\_\_\_\_

Degree or Certificate to be earned: \_\_\_\_\_

How many credits/hours are you enrolled for? \_\_\_\_\_

After the completion of your current training program, in what specific job title do you want to work?

After the completion of the above training program, will you require any additional training before being qualified to work in this specific occupation?    Yes    No

Is your training being paid for by WIOA or Trade Act funding?    Yes    No

If "YES", Counselor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Indicate if you have previously taken this training:    Yes    No

If yes, indicate when, where and why you need to take it again:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For the next six months, indicate the dates of any breaks in training (vacation, spring break, etc.) that will exceed five weeks in length.

### **PART III – Certification**

1. I have carefully read and reviewed my application for possible mistakes or omissions and understand that an incomplete application may result in a disapproval of training.
2. I understand that I must remain ready, willing and able to seek and accept work until I am approved for the 599 program.
3. If approved for the 599 Program, I will advise the UI Special Programs Unit of any changes in my courses or training schedule. I will submit a copy of the revised schedule as soon as it becomes available. I will submit a copy of my grades at the end of each grading period.
4. If approved for the 599 Program, I understand that the school/training institution will have to provide to the Department of Labor evidence of my satisfactory progress and attendance periodically, and that it is my responsibility to see that this is done.
5. I understand the law provides severe penalties for willful false statements used to obtain UI benefits.

### **IMPORTANT NOTICE**

Acceptance into approved training under Section 599 of the Unemployment Insurance Law does NOT guarantee you will receive additional unemployment benefits. You should not enroll in training expected to extend beyond your normal 26 week entitlement to Unemployment Insurance unless you can afford to complete the training without receiving additional benefits. If you do become eligible for additional benefits, the maximum you may receive is 26 weeks.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Local Office: \_\_\_\_\_