

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 (Use black or blue ink)

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
(check all that apply) 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.

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? _____

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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: _____ month/day/year Training ending date (Graduation): _____ month/day/year

Job skills to be learned: _____

Degree or Certificate to be earned: _____

In what **specific occupation** do you intend to work after the completion of your current training?

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 WIA 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:

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

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PART III – DOCUMENTATION OF TRAINING ACCEPTANCE AND PARTICIPATION

Please describe the documents you are attaching to show training acceptance date, training start date, and training hours. (Examples: Letter of acceptance, invoice from training provider, training schedule)

- Document showing training acceptance date: _____
- Document showing training start date and training end date: _____
- Document showing 12 credit hours or a minimum of 12 classroom hours per week: _____

Indicate total credit hours or total hours per week of classroom instruction: _____

The following documentation is only required if you are already attending training.

Not Required Describe the Document Attached (Example: Most Recent Report Card)

Transcript/Grades

PART IV – 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: _____