



Frontline Worker Application Questions

* are required answers

Were you employed in one or more of the above frontline sectors in Minnesota?*

Yes

No

Were you required to work in-person (without the option to telework) for at least 120 hours?*

Yes

No

Were you working in close proximity (within six feet) of individuals outside of your household for at least 120 hours in the previously identified frontline sector(s)?*

Yes

No

Did you receive less than 21 weeks of an unemployment insurance benefit payment for weeks between March 15, 2020, and June 26, 2021? *

Yes

No

Were you employed in an occupation with direct COVID-19 patient care responsibilities during the period beginning March 15, 2020 and ending June 30, 2021? *

Yes

No

Are you married AND do you file a joint tax return?*

Yes

No

Was your adjusted gross income for tax year 2020 or 2021 less than \$350,000 (married taxpayer filing a joint return)?*

Yes

No

[Definition of Adjusted Gross Income | Internal Revenue Service](#)

Tax Year 2020: January 1, 2020 - December 31, 2020

Tax Year 2021: January 1, 2021 - December 31, 2021

Next

Applicant Information

First Name (required)*

Middle Name

Last Name (required)*

Suffix

Select...

Current Mailing Address (required)*

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Email Communications

Email will be used for all communication related to this program, including confirmation of application submission, eligibility determination, information related to appeal rights, if applicable, and notice of payment processing.

Email communication will come from notifications@email.submittable.com. Please save this email address to your contacts so these messages are not sent to junk mail.

Email Address (required)*

Phone Number (required)*

Date of Birth (Please type as MM/DD/YYYY) (required)*

Date of Birth (Please type as MM/DD/YYYY) (required)

Navigate forward to interact with the calendar and select a date. Press the question mark key to get the keyboard shortcuts for changing dates.

We need your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to proceed.


Social Security Number (SSN): SSNs are nine digits and are used by US citizens and authorized residents.

Individual Tax Identification Number (ITIN): An ITIN is a tax processing number only available for certain nonresident and resident aliens, their spouses, and dependents who cannot get a Social Security Number (SSN). It is a 9-digit number, beginning with the number "9", formatted like an SSN.

What will you be using as your Tax Identification Number? (required)*

Social Security Number (SSN)

Individual Tax Identification Number (ITIN)

 Please ensure that the SSN or ITIN you are providing is entered accurately. An accurate SSN or ITIN is necessary to process your application and determine eligibility.

Please enter your SSN or ITIN number (required)*

SSN/EIN Example: 123456789

Do not use dashes while entering in your number.

We need to confirm your information. How will you verify your identity? (required)*

Answer questions about myself

Take a photo of my ID card and take a selfie (Smart Phone with working camera is required)

Gender

Male

Female

Other

Prefer not to answer

Are you of Hispanic or Latino origin?

Yes

No

Prefer not to answer

How would you describe your race?

American Indian and Alaska Native

Asian

Black or African American

Native Hawaiian and Other Pacific Islander

White

Two or more

Prefer not to answer

Eligibility Certification

You are required to have worked in a frontline sector. [If you are unsure which sector you belong to, please click this link to view a description of sectors.](#)

I hereby certify and affirm I was employed in one or more of the following frontline sectors during the period beginning March 15, 2020, and ending June 30, 2021, in Minnesota (check all that apply) (required): *

Building services, including maintenance, janitorial, and security

Child care

Courts and corrections

Emergency responder

Food service, including production, processing, preparation, sale, and delivery

Ground and air transportation services

Health care

Long-term care and home care

Manufacturing

Public health, social service, and regulatory service



Public transit



Retail, including sales, fulfillment, distribution, and delivery



Schools, including charter schools, state schools, and higher education



Temporary shelters and hotels



Vocational rehabilitation



I hereby certify and affirm I was employed in the previously identified frontline sector(s) in Minnesota during the period beginning March 15, 2020, and ending June 30, 2021, for at least 120 hours. (required)*

? "Employed" means time working as an employee in an employer-employee relationship and does not include work as an independent contractor or sole proprietor.



I hereby certify and affirm that, for at least 120 hours of my employment in the previously identified frontline sector(s) and during the identified time frame, I was unable to telework due to the nature of my work. (required)*

? "Not able to telework" means the applicant must not have had an option to perform work remotely or in telework status.



I hereby certify and affirm that, for at least 120 hours of my employment in the previously identified frontline sector(s) and during the identified time frame, I worked in close proximity to individuals outside of my household. (required)*

? "Close proximity to individuals outside of the individual's household" means within six feet of individuals with whom the applicant does not live.



I hereby certify and affirm I did not receive an unemployment insurance benefit payment for more than 20 weeks on a cumulative basis for weeks between March 15, 2020, and June 26, 2021. (required)*

? Checking this box indicates that you received less than 21 weeks of unemployment insurance benefit payments. Unemployment insurance benefit payments include payments made by the state of Minnesota under Minnesota Statutes, sections 268.001 to 268.23, pandemic emergency unemployment compensation, extended benefits, pandemic unemployment assistance, federal pandemic unemployment compensation, lost wages assistance, mixed earnings unemployment compensation, and trade readjustment allowance. Unemployment insurance benefit payments shall include the amounts withheld from an unemployment insurance benefit payment for income tax, deducted for a child support obligation or an offset from unemployment benefits under Minnesota Statutes, section 268.18, subdivision 3a. Unemployment insurance benefit payments shall include amounts found to be overpaid under Minnesota Statutes, section 268.18.

Were you employed in an occupation with direct COVID-19 patient care responsibilities? (required)*

Yes

No

? An employee had direct COVID-19 patient care responsibilities if they, as part of their assigned job duties, were responsible for providing direct care to a patient, resident or individual who was diagnosed with COVID-19.

Employer Information

To qualify for this opportunity, you must have worked at least 120 hours in a frontline sector. Please enter your information for all employers that you worked in during the time period of March 15, 2020-June 30, 2021.

Employer 1: Name (required)*

Employer 1: Primary address or address where your work was performed (required)*

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Employer 1: Telephone Number (required)*

Please list the information for a supervisor, HR department, or another contact who can verify your employment

Employer 1: Email Address, if known

Employer 1: Please check all time frames that you worked for this employer, including partial dates (required)*

1/1/2020 - 3/31/2020

4/1/2020 - 6/30/2020

7/1/2020 - 9/30/2020

10/1/2020 - 12/31/2020

1/1/2021 - 3/31/2021

4/1/2021 - 6/30/2021

Employer 1: Position Title (required)*

Add another employer? (required)*

Yes

No

Employment Authorization

I authorize my current and former employers to orally, or in writing, make available to representatives of the Minnesota Department of Labor and Industry the following job-related data: dates of employment; hours worked; telework eligibility; job title(s) and responsibilities; and other job-related data that may be maintained by my current and former employers. I understand the purpose of permitting the Minnesota Department of Labor and Industry to obtain job-related information about me is to determine my eligibility for Frontline Worker Pay. I understand any data received by the Minnesota Department of Labor and Industry will be treated as private data and, therefore, access to the data will be limited to individuals within the Department of Labor and Industry and their representatives whose job duties reasonably require access, to myself and to any individuals authorized by me to receive the data. I understand I may withdraw my authorization at any time, but that if I do withdraw my authorization, it will not affect any data that was released prior to my withdrawal.

I authorize my current and former employers to make the above information available to the Minnesota Department of Labor and Industry. (required)*

Payment Options

If you are deemed eligible for Frontline Worker Pay, you must select one of the following forms of payment:

1. **ACH transfer (preferred):** ACH transfers are electronic, bank-to-bank money transfers processed through the Automated Clearing House (ACH) Network. Your money will be transferred directly to your bank account, which may be the fastest way to receive money to your account.
2. **Other payment option:** Click “Other” below to learn about an alternate payment option.

If you are deemed eligible, how would you like to receive your payment?*



ACH (Preferred)



Other payment option (Click this option to learn more)

Name on bank account / Name to be printed on card:*

First Name

Last Name

Final Certification



I certify and affirm the above information is true and accurate to the best of my knowledge. I understand that if I submit a false claim for payment, I may be charged with an attempt to commit theft of public funds. I understand there may be other penalties for not telling the truth on this application. (required)*

Digital Signature of Applicant*

Please type your legal first name and last name

 You are about to submit your application. 

Please review your double check that your answers are accurate before you submit your application.

When your application has been received, you will receive an e-mail confirmation.

If you do not receive a confirmation email, you may not receive other communications about the status of your application. Be sure to check the following information:

- Check the junk/spam filters for your email account. Emails are sent from notifications@email.submittable.com
- Check which email address you used to set up your Submittable account, and make sure it was entered correctly.

Make sure your application is not still saved as a draft. ([See FAQs for more information](#)).

Save Draft
Apply Now

We need to confirm your information. How will you verify your identity? (required)*



Answer questions about myself



Take a photo of my ID card and take a selfie (Smart Phone with working camera is required)

You have decided to answer some questions about yourself. Please click the PROCEED button below to enter your identity details, then click INITIATE QUIZ

Question-Based Identity Verification (required)*

Knowledge Based Authentication, or KBA, is a tool widely used by service providers and financial institutions to verify identities. After providing your information, you'll receive a 5 question personalized quiz based on your history. Please note, for privacy purposes, your quiz responses will not be stored or shared. [Learn More](#)

By clicking Proceed you agreeing to our third party vendor Authenticate.com's [Terms of Use](#).

Proceed

Success!

You'll receive updates from Submittable by email—to ensure you receive all notifications, [follow these steps](#). You can also check on the status any time in [your Submittable account](#).