



**MINNESOTA DEPARTMENT OF EMPLOYMENT
 AND ECONOMIC DEVELOPMENT
 TRADE ADJUSTMENT ASSISTANCE
 TRADE READJUSTMENT ALLOWANCE (TRA) APPLICATION**

Applicant Information

Name (First, Last, MI)	
Address (Street, City, County, State, Zip Code)	
Email Address	Social Security Number
Phone Number	
HOME	CELL

Petition Information

Petition Number	Company Name	Address of Company (City, State)	
Impact Date	Dates of Employment	Certification Date	Expiration Date

(Check one of the statements below that indicates your current employment status)

I am totally laid off from the certified employer.
 I am still working for the certified employer, but my hours were reduced.
 I quit working for the certified employer.
 I was discharged from the certified employer,
 Other, explain:

Date of first layoff after the impact date (Layoff of 7 days or more)	Month	Day	Year
Date of last layoff from the certified employer	Month	Day	Year
During the 52 weeks prior to, and including the week of your last layoff, how many weeks did you work and earn \$30.00 or more?			Number of Weeks

