



PRE-SCREENING FORM

ST. JAMES, ST. JOHN THE BAPTIST, ST. CHARLES RESIDENTS ONLY

If you live outside of these three parishes, please contact your local workforce center in your Parish.

We put people to Work! ~Louisiana Workforce Commission

The completion and submission of the form does not constitute a definitive eligibility determination but allows Let's Work! River Parishes staff to evaluate if the applicant meets initial criteria for program funding or other assistance.

Please complete all questions with accurate information so that we may assess your situation. If you are likely to be eligible based on your answers, you will be contacted by email regarding next steps.

This is a fillable form and can be completed on a computer/tablet. If you decide to complete the form manually, please print and write legibly. We are not responsible if information cannot be read.

Prior to receiving WIOA services an individual will be required to take a basic math and reading test. You may be asked to re-test after six months. Individuals may also undergo additional evaluations, assessments, and basic training to determine eligibility and suitability for services. With the return of the attached pre-screening form, you agree to attend all testing evaluations counseling sessions when scheduled, and to cooperate with the career and/or employment specialist in establishing your needs, goals, and steps to be taken to achieve those goals.

There is no guarantee of financial assistance regardless of the steps completed in the process.

PRE-SCREENING FORM



1. Contact Information

First & Last Name: _____

Birthdate (Month/Date/Year): _____ Age: _____

Social Security Number: _____ - _____ - _____

Parish you currently live*: _____ St. James _____ St. John the Baptist _____ St. Charles

**If your parish is not listed, please go to www.laworks.net to find the American Job Center that serves your Parish.*

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address (This will be the main form of contact):

Phone Number that is available to receive Text and Voice Messages: _____

2. Are you a US Citizen or legally eligible to work in the US? Yes/No

3. Are you a male, 18 years old or over? ___ Yes ___ No. If Yes, and born after January 1, 1960, you must provide your Selective Service Registration Number _____. You can verify it at www.sss.gov.

4. I have received WIOA assistance in the past? ___ Yes ___ No If Yes, what year and specify what you received. _____

5. What training provider are you attending or are interested in attending?

6. What is the name of the training, degree, or certificate program you are interested in?

7. What barriers might you have to overcome that are keeping you from finding employment? What type of financial assistance are you in most need of:

- Tuition Assistance
 - Supplies, Tools, or Uniforms
 - Other (please specify below)
- _____

8. What is your current employment situation?

- I am not currently working.
My last day of employment was: _____. Employer: _____
 I quit (Date: _____); **OR** I was fired (Date: _____); **OR** I was laid off (Date: _____)
The business closed/downsized (Last date of work/Employer name: _____)
- I am currently working full-time (more than 30 hours a week)
I make _____ an hour and _____ a week.
Job Title/Employer: _____
- I am currently working part-time. I make _____ an hour and _____ a week.

Job Title/Employer: _____

9. Education

High School Diploma or Equivalent? Yes No

Community College or Degree? Yes No Partial

List the educational institution(s), year(s) attended, and degree(s) attained; if partial explain.

10. Provide any special training certification(s) or license(s) you currently have?

Mark all that apply: TWIC CDL Welder Crane Operator Electrician IT
 Pipefitter Mechanic

Construction (Specify): _____

Medical (Specify): _____

Other (list all): _____

11. How long have you been actively seeking employment? _____

12. Are you a recently separated veteran (last 36 months)? Yes No **or**
A spouse of a veteran/active duty? Yes No **Can you provide your DD-214?** Yes No

13. Are you receiving, or have you exhausted unemployment benefits? Yes No

14. Do you or someone in your household receive the following?

Food Stamps (SNAP)? Yes No

Welfare Assistance (TANF)? Yes No

Supplemental Security Income (SSI)? Yes No

15. Number of family members in household (including yourself): _____

Approximate household gross income for the last 6 months (includes all contributing members of the household): _____

16. Can you pass a drug test? Yes No

17. Chose one: I have attached a copy of my most recent resume. I do not have a resume.
 I need assistance creating/updating my resume.

By signing below: I certify that I have provided true and correct information. I understand that my willful misstatement of facts may cause my forfeiture of rights in the WIOA program. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Today's date: _____

Chose one: I have dropped off this form to the office located in Vacherie, LaPlace, Luling **OR**
 I have emailed a copy of this form to riverparisheswioa@gmail.com .

Please be sure to register or update your information and resume in HiRE at www.laworks.net. Even if you are not selected, registering in HiRE will give you a head start in finding that future career that you have always wanted.