



“Your One-Stop Workforce Center”

APPLICATION FORM

Acadia Parish

11 N. Parkerson Ave.
Crowley, LA 70526
(337) 788-7550
Fax/TDD: (337) 788-3079

Evangeline Parish

417 W. Magnolia
Ville Platte, LA 70586
(337) 363-6241
Fax/TDD: (337) 363-1451

Iberia Parish

124 East Main St.
New Iberia, LA 70560
(337) 365-3739
Fax/TDD: (337) 367-3583

St. Landry Parish

1305 Diesi St.
Opelousas, LA 70570
(337) 948-1377
Fax/TDD: (337) 948-1033

St. Martin Parish

1109 South Main St.
St. Martinville, LA 70582
(337) 394-2205
Fax/TDD: (337) 394-1833

St. Mary Parish

600 Main St.
Franklin, LA 70538
(337) 828-0257
Fax/TDD: (337) 828-2394

7710 Hwy 182 E
Morgan City, LA 70380
(985) 702-8255
Fax/TDD: (985) 380-2454

Vermilion Parish

306-A N. Hospital Dr.
Abbeville, LA 70510
(337) 893-1986
Fax/TDD: (337) 893-1868

SERVICES OF INTEREST

- Need a Job
- Job Search Workshop
- Resume Preparation
- Career Choice Assistance
- Starting Your Own Business
- Support Services
 - Child Care
 - Transportation
- Disability Services
- Veterans Programs
- Financial Aid for Training (Colleges, Universities, Community Colleges, Technical Colleges, Training Schools)
- Summer Jobs for Youth (Ages 16—21)
- Financial Aid for Graduates (ACT, SAT, GED, Required Graduation Fees, etc.)
- Financial Aid for Industry-Based Certifications/Licensing
 - CDL
 - State Boards
 - Review Courses
 - Other _____
- Financial Aid for Supplies Required in a New Job
 - Work Uniforms
 - Safety Equipment
 - Tools
 - Other _____

HOW TO APPLY

Complete the application • Gather required documents as listed below. Some services may require additional documents • Call or visit an office near you for an appointment

REQUIRED DOCUMENTS FOR ALL APPLICANTS

Birthdate / Age Verification (one required)

- Birth Certificate
- DD214
- Driver's License
- Federal, State or Local ID
- Hospital Record of Birth
- Passport
- Public Assistance / Social Service Records
- School Records / ID Card
- Work Permit

Social Security Number Verification (one required)

- DD214
- Letter from Social Security Administration
- Social Security Card
- W2

Citizenship (one required)

- Alien Registration Card Indicating Right to Work
- Birth Certificate
- DD214, report of transfer (If place of birth is shown)
- Foreign Passport stamped eligible to work
- Hospital Record of U. S. Birth
- Naturalization Certification
- U.S. Passport
- Voter Registration Card

ADDITIONAL DOCUMENTS REQUIRED FOR SCHOOL/TRAINING APPLICANTS

- PELL/FAFSA (Denial/Acceptance Document)
- Latest Report Card
- School Transcript
- Most Recent Class Schedule

ADDITIONAL DOCUMENTS REQUIRED FOR YOUTH APPLICANTS AGES 16—21

- 5 Year Career Plan For High School Students
- IEP—Individualized Education Plan (if applicable)

Proof of Income (one required—additional sources may be requested)

- Food Stamp Record
- Most Recent Signed Tax Return
- Check Stubs (of all household members)
- Social Security Benefits (of all household members)

Proof of Family Size (one required)

- Food Stamp Record
- Birth Certificates of all Family Members
- Most Recent Signed Tax Return

Proof of Address (one required)

- Utility Bill
- Driver's License
- Voter Registration Card
- Post Marked Mail

Workforce Development Program—Region IV Application

GENERAL INFORMATION

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Address: _____

Parish: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Cell Phone Number: _____ Email Address: _____

Alternate Contact Name: _____ Phone: _____ Relationship: _____

PERSONAL INFORMATION

Gender: Male Female Date Of Birth: _____ Age: _____

Ethnicity: White Black American Ind./Alaskan Asian Hawaiian/Other Pacific Islander

Citizenship: U. S. Citizen Legal Alien # _____ Are you Hispanic? Yes No

Marital Status: Single Married Separated Divorced

Are you the victim of spousal abuse? Yes No

Are you a publicly supported foster child? Yes No

If you are a male and born January 1, 1960 or after, have you registered with selective service? Yes No

Do you feel that you have limited ability to read, write, speak, or understand English? Yes No

Number of family members living at home (include yourself, spouse, & dependent children): _____

Complete all information listed below on each family member living in the household:

NAME	AGE	RELATION	SS#	INCOME LAST 6 MOS	SOURCE
1)					
2)					
3)					
4)					
5)					
6)					

If you have children, do you have childcare? Yes No

Healthcare Coverage: Medicaid Medicare Private Insurance No Healthcare Coverage

Housing Status:
 Own home Rent home/apt. Housing paid by government agency Homeless shelter Reside with friends/family

Type of Farm Worker:
 Seasonal Farm Worker Migrant Farm Worker Migrant Food Processing Worker Not Applicable

Do You Have a Disability? Yes No If Yes, Explain: _____

Disability Characteristics: Person with a Disability, not a Veteran Disabled Veteran Special Disabled Veteran

Answering yes to the next question will not disqualify you for WIA services.

Have you ever been arrested? Yes No If Yes, was it a Felony Misdemeanor

VETERAN INFORMATION

Are you a Veteran? Yes No Service Begin Date: _____ Discharge Date: _____

Active duty more than 180 days? Yes No Discharged within the last 48 Months? Yes No

Received a Military Campaign Badge or Medically Retired prior to completing 180 days of Active Duty? Yes No

Branch of Service: Army Navy Air Force Marines National Guard

Type of Discharge: Honorable Dishonorable Medical Other

Are you a Combat Veteran? Yes No Are you the spouse, widow, or child of a Veteran? Yes No

Do you have a Service Related Disability? Yes No Percentage Of Disability: _____

TRANSPORTATION INFORMATION

Do you have a valid Driver's License? Yes No

Type of Driver's License: Regular Driver's License Learner's Permit CDL License/Certificate

Driver's License Endorsement: City Government Hazardous Waste Motorcycles Tankers
 Transport Passengers Double/Triple Trailers N&H Endorsements

Do you have access to a motor vehicle? Yes No

Do you rely on public transportation? Yes No

PUBLIC ASSISTANCE INFORMATION

Are you receiving Welfare/TANF? Yes No

Are you receiving Food Stamps? Yes No

Are you a STEP participant? Yes No

Are you receiving SSI? Yes No

HURRICANE/NEG INFORMATION

Do/Did you live or work in a hurricane (Katrina/Rita) disaster area? Yes No

Home address prior to hurricane: _____ Phone: _____

Parish _____

Employer prior to hurricane: _____ Phone: _____

Employer address: _____

EMPLOYMENT INFORMATION

What is your current employment status? Employed Unemployed Never Worked

Have you received a termination or lay-off notice? Yes No

Are you currently receiving Unemployment Benefits? Yes No

Type of UI Claim: State UI Claimant Other UI Claimant (e.g. UCX, UCFE, etc.) Extended Benefits Claimant

LIST YOUR EMPLOYERS (starting with the most recent – attach additional sheets if necessary)

Employer Name: _____ Job Title: _____

Address: _____ Phone #: _____

Start Date: _____ End Date: _____ Hours per week: _____ Hourly wage: \$ _____ Duration of job in months: _____

Salary: \$ _____ Salary Is Based Upon: Hourly Weekly Bi-Weekly Monthly Yearly

Job Duties: _____

What was your reason for leaving? Quit Laid off Medical Fired Other _____

Employer Name: _____ Job Title: _____

Address: _____ Phone #: _____

Start Date: _____ End Date: _____ Hours per week: _____ Hourly wage: \$ _____ Duration of job in months: _____

Salary: \$ _____ Salary Is Based Upon: Hourly Weekly Bi-Weekly Monthly Yearly

Job Duties: _____

What was your reason for leaving? Quit Laid off Medical Fired Other _____

Employer Name: _____ Job Title: _____

Address: _____ Phone #: _____

Start Date: _____ End Date: _____ Hours per week: _____ Hourly wage: \$ _____ Duration of job in months: _____

Salary: \$ _____ Salary Is Based Upon: Hourly Weekly Bi-Weekly Monthly Yearly

Job Duties: _____

What was your reason for leaving? Quit Laid off Medical Fired Other _____

CERTIFICATION OF INFORMATION

I certify that the information supplied in this application is true and accurate to the best of my knowledge and understand that the information supplied is being used to determine eligibility to participate in WIA Programs. I authorize the Department of Labor or DOL’s agents to examine any records of any employer or agency for the purpose of determining my eligibility and follow-up information for WIA. I am aware that incorrect or false information may result in termination from this program/repayment of funds or prosecution for fraud.

Applicant Signature: _____ **Date:** _____

Parent / Legal Guardian Signature: _____ **Date:** _____
(If under age 18)

EDUCATION & TRAINING INFORMATION

List all schools attended, beginning with the most recent.

Name	City/State	From Mo/Yr	To Mo/Yr	Completion Type (Degree, Certificate, Diploma)

List licenses, certifications, or credentials: _____

Education: (Circle highest grade completed) <8th 8 9 10 11 12 13 14 15 16 17 18 18+

High School Status:

- High School Dropout
- Currently in High School—Projected Graduation Year _____
- GED
- HS Diploma

Training Status:

- Currently Attending or Planning to Attend one of the following:
 - College/University
 - Community College
 - Technical College
 - Training School
 - Other _____

College/School Name: _____ Course/Major: _____ Start Date: _____

EDUCATION & TRAINING FINANCIAL ASSISTANCE INFORMATION:

(for applicants seeking financial aid)

Types of Assistance Applied For and Amount Awarded:

- Pell Grant \$ _____
- TOPS \$ _____
- CCAP \$ _____
- Voc. Rehab. \$ _____
- GI Bill \$ _____
- Other \$ _____

Are you in “Default” of a student loan at any institution? Yes No

Are you currently on “academic probation” or “suspension” from any institution? Yes No

Will you need a part-time job while in school? Yes No

Parish of Residence prior to attending school/training: _____

JOB SEEKER INFORMATION

If you are currently working, does your job lack opportunity to advance or lack a wage gain? Yes No

What kind of job are you looking for? _____

What skills do you possess? _____

Do you need training for the job you are seeking? Yes No What hourly wage are you willing to accept to start a new job? _____

Employment Preferences: Temporary Job Permanent Job Full-time (40 hours) Part-time (Less than 30 hours)

Are you willing to: Travel Work Shift Work Work Outside Work Weekends

Will you need to work around a specific schedule? (Ex. School) Yes No

How far are you willing to travel to work? _____ What type of transportation will you use to get to work? _____

Are you willing to relocate? Yes No If yes, where? _____

Describe any limitations that would prevent you from working in a certain occupation. _____

Additional job specifics you may require: _____

Do you have a current resume? Yes No (If yes, please supply a copy to our office.)

Are you interested in attending a Job Search Workshop? Yes No

List two Business/Educational references that our agency may contact:

Name	Address	Phone
------	---------	-------

--	--	--

EQUAL OPPORTUNITY

Equal Opportunity Employer/Program, Auxiliary Aids and Services are available upon request to individuals with disabilities.