

## PRE-SCREENING FORM



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#### 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 individual meets initial criteria for various available program funding or other assistance available through the American Job Center.

Please complete all questions with accurate information so that we may assess your individual situation. If you are likely to be eligible based on your answers, you will be contacted by email regarding next steps. An email may come from [riverparisheswioa@gmail.com](mailto:riverparisheswioa@gmail.com), a [stcharlesgov.net](mailto:stcharlesgov.net) email account, or [stjamesparishla.gov](mailto:stjamesparishla.gov) email account. Please respond in the time allotted.

**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 and complete all testing, evaluations, assessments, interviews, counseling sessions, etc. when scheduled. You also agree to cooperate with American Job Center staff 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. Services that you may be referred to include: Employment Services, Adult Education, Veterans, Vocational Rehabilitation, Community Services, Training, Unemployment, DCFS, Job Corps, Youth Build, Unemployment Insurance, RSVP, and others.***

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Directions: READ CAREFULLY. Every question must be answered and legible or it will be determined incomplete. Incomplete forms will not be processed. If a questions does not apply, write "NA", if you do not know, write "I do not know". Email complete forms to [riverparisheswioa@gmail.com](mailto:riverparisheswioa@gmail.com) or drop off to a local American Job Center in St. James, St. John the Baptist, or St. Charles.

## 1. Contact Information

First & Last Name: \_\_\_\_\_

Birthdate (Month/Date/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

*\*Only residents of the River Parishes will be processed. If your parish is not listed, please go to [www.laworks.net](http://www.laworks.net) to find your local AJC.*

Primary Phone Number: \_\_\_\_\_ (Must be able to receive voice messages.)

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

Correspondence may come from [riverparisheswioa@gmail.com](mailto:riverparisheswioa@gmail.com), a stcharlesgov.net email, or a stjamesparishla.gov email account.

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, provide your Selective Service Registration Number \_\_\_\_\_. You can verify it at [www.sss.gov](http://www.sss.gov).

4. I have received WIOA assistance before?  Yes/ No  
If yes, what year(s) and specify what you received.

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

a) Are you currently enrolled in School?  Yes/ No. b) Have you applied for financial assistance/scholarships?  Yes/ No.  
c) Have you received financial assistance/scholarships?  Yes/ No. d) Is it exhausted or no assistance available?  Yes/ No.

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

*If you are interested in CDL or other driving occupation, is your license clear?  Yes/ No*

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: (i.e. conviction, insurance, transportation)

8. What is your current employment situation? (Fill out completely)

- I am not currently working  
My last day of employment was: \_\_\_\_\_ AND  I quit;  I was fired;  
 I was laid off (Date \_\_\_\_\_); or  Contract ended (Turnaround)
- The business closed/downsized (Name/Last Day of Work: \_\_\_\_\_)
- I am currently working full-time (30+ hours a week)  
I make \_\_\_\_\_ an hour and \_\_\_\_\_ a week.  
Job Title: \_\_\_\_\_
- I am currently working part-time. I make \_\_\_\_\_ an hour and \_\_\_\_\_ a week.  
Job Title: \_\_\_\_\_

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## 9. Education

High School Diploma or Equivalent?  Yes/ No

Community College or Degree?  Yes/ No/ Partial. If yes or partial, fill out information below.

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

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## 10. Do you have any special training certification or licenses?

Check all that apply:  TWIC  CDL  Welder  Crain Operator  Electrician  IT  Pipefitter  Mechanic

Construction (Specify): \_\_\_\_\_ Medical (Specify): \_\_\_\_\_

Other (list all): \_\_\_\_\_

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## 11. How long have you been actively seeking employment? \_\_\_\_\_

An active and current resume is essential to finding employment. Do you have a current resume active on

HiRE?  Yes/ No. Have you signed up for Virtual Recruiter in HiRE?  Yes/ No

## 12. Are you a Veteran? Yes/ No or 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 unemployment benefits (UI)? Yes/ No. If yes, how long? \_\_\_\_\_

Have you exhausted UI benefits?  Yes/ No

## 14. Do you or a family member in your household receive any of the following (Dependents or legal Spouse)?

Food Stamps (SNAP)?  Yes/ No

Welfare Assistance (TANF)?  Yes/ No

Supplemental Security Income (SSI)?  Yes/ No

## 15. Number of family members (dependents and legal spouse) in household including yourself: \_\_\_\_\_

Approximate household gross income of all family members in the last 6 months: \_\_\_\_\_

## 16. Can you pass a drug test? Yes/ No Can you pass a background test? Yes/ No

17. Chose one:  I have attached/sent a copy of my current resume. OR

I need assistance updating my resume.\* OR  I do not have a resume.\*

(If you do not have a current resume, you will be asked to complete a work history form.)

18.  I am enrolled in HiRE at [www.laworks.net](http://www.laworks.net), and have access to my HiRE Account, and all information is up to date. Even if not selected, registering in HiRE provides access to jobs postings, job information, and more.

19. 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](mailto:riverparisheswioa@gmail.com)

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: \_\_\_\_\_

\*By checking this box, your typed name is your signature and certifies to the statement above.

|                  |    |     |     |      |    |    |   |
|------------------|----|-----|-----|------|----|----|---|
| Office Use Only: |    |     |     |      |    |    |   |
| A                | DW | OSY | ISY | *JOB | WP | AE | R |
| _____            |    |     |     |      |    |    |   |