



**ACADIANA™
WORKFORCE
SOLUTIONS**

Jobs. People. Opportunity.

Proud partner of the American Job Center network

Please fully complete the application and return to your local Acadiana Workforce office.

Workforce Innovation and Opportunity Act Eligibility Application

APPLICANT PERSONAL INFORMATION

Name: _____
First Last

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

Address: _____
Street City Zip Code

Social Security #: Primary Phone: _____

Email Address: _____

Alternate Contact:

Name Phone Relationship

Do you have a disability? Yes No Information not provided

EDUCATION

Highest Education Level Achieved:

- Doctorate or Master's Degree Bachelor's Degree Associate's Degree
 Vocational School Certificate Some College/Technical/Vocational School (# of years ____)
 High School Diploma High School Equivalency
 Less than high school

Attending School:

- No Yes, attending school or registered to attend College or Technical/Vocational School

*Which School? _____ Which Program? _____
Start Date: _____ or Expected Start Date: _____*

ETHNIC ORIGIN

Hispanic or Latino Heritage: Yes No

Race - (Please check all that apply):

- African American/Black American Indian/Alaskan Asian
 Hawaiian/Other Pacific Islander Native White Other

EMPLOYMENT INFORMATION

Are you authorized to work in the U.S.? US. Citizen/Naturalized
 Lawfully Admitted Alien/Refugee Permanent Resident None

Current Employment Status:
 Employed Full Time Employed Part Time Not Working Never Worked

WORK HISTORY- List your most recent job first

Employer: _____ Job Title: _____

Employer Address: _____
Street City State

Dates of Employment? From: _____ To: _____

Job Duties: _____

Wages/Salary per hour: \$ _____ Hours per week: _____ Reason for Leaving: _____

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Employer: _____ Job Title: _____

Employer Address: _____
Street City State

Dates of Employment? From: _____ To: _____

Job Duties: _____

Wages/Salary per hour: \$ _____ Hours per week: _____ Reason for Leaving: _____

Have you registered for Selective Service? (Any Male age 18 through 25 must register)

Yes No Exempt from Registration

Are you in the Military, a Veteran, or the Spouse of a Veteran?

Yes (Complete the box below) No (Go on to the next page)

VETERAN INFORMATION

Are you within 24 months of retirement or 12 months of discharge from the military (transitioning service member)?

Yes No

Have you served on active duty in the armed forces and were discharged or released from such service under conditions *other than* dishonorable?

Yes No

Are you the spouse of a veteran who has a total service-connected disability; is Missing in Action; captured in the line of duty by a hostile force; is a Prisoner of War; or who died from a service connected disability?

Yes No

Dates of Service (Month/Day/Year) From : _____ To: _____

Branch of Service: _____

Do you have a valid Driver's License?

Yes No

PUBLIC ASSISTANCE

Are you **receiving** any of the following? (Check all that apply)

- TANF (Temporary Assistance to Needy Families) Yes No
- SNAP (Supplemental Nutrition Assistance Program)/ Food Stamps Yes No
- SSI (Supplemental Security Income) Yes No
- SSDI (Social Security Disability Insurance) Yes No
- Refugee Cash Assistance Yes No
- General Assistance Yes No
- Publically Supported Foster Child Yes No
- Unemployment Insurance Benefits Not Applicable Yes, eligible claimant Exhaustee

MISCELLANEOUS

- Are you a single parent? Yes No
- Are you pregnant or parenting? Yes No
- Are you an offender - have you been arrested/convicted of a crime? Yes No
- Is your past work in a declining occupation or industry? Yes No
- If working, does your job lack opportunity to advance or have an increase in wages? Yes No
- Are you receiving or will you be receiving the Pell Grant? Yes No

INCOME INFORMATION

What is your family size (number of people who live in your household)? _____

List ALL (family) members, including yourself, who are currently living in your household

Name	Age	Relationship to You	Social Security #	Monthly Gross Income	Source of Income (Employer)

Signature Statement: I certify that the information I have provided on this application is **accurate** and **true** to the best of my knowledge.

Applicant Signature

Date

Parent / Guardian Signature
(if applicant is under 18)

Date .

**Additional Family
Members
INFORMATION**

Only use this sheet if additional family members need to be added.

List ALL (family) members, *including yourself*, who are currently living in your household

Name	Age	Relationship to You	Social Security #	Monthly Gross Income	Source of Income (Employer)

Signature Statement: I certify that the information I have provided on this application is **accurate** and **true** to the best of my knowledge.

Applicant Signature

Date

Parent / Guardian Signature

Date

****Only use this sheet if you need to list more family members in household.****