



THE COORDINATING & DEVELOPMENT CORPORATION

Center Location: _____
Account Executive: _____
Address: _____
Phone: _____ Office Hours: _____
Email: _____

Thank you for your interest in the Workforce Innovation and Opportunity Act (WIOA) Program. To better serve you, please fill out the attached WIOA Pre-Application Screening Form and provide the following documents.

- Birth Certificate
- Social Security Card
- Louisiana Driver's License or Picture I.D.
- Check stubs from all individuals in the household that have a job or W-2 holding forms, or income taxes.
- Proof of Address (utility bill, or letter received in the mail)

The following if applicable:

- Selective Service Card (Males 18 or older)
- Verification of Food Stamp amount
- Social Security Award Letter (includes SSI)
- Unemployment Insurance information
- DD214 or Discharge papers if you are a Veteran
- Other: _____

Prior to receiving any WIOA services the individual must undergo extensive testing evaluation and assessment processes to determine eligibility **and suitability** for services. You will also be administered a basic math and reading test. You may re-test after six months. With return of the attached pre-application form, you agree to attend all testing evaluations, and counseling sessions when scheduled; and to cooperate with the CDC Account Executive in establishing your needs, goals, and steps to be taken to achieve those goals.

OFFICE USE ONLY – DO NOT COMPLETE

_____ Eligible

_____ Ineligible Explain?

**Equal Opportunity Employer/Program and Auxiliary Aids and Services
are available upon request to Individuals with Disabilities**



WIOA PRE-APPLICATION SCREENING FORM

APPLICATION INFORMATION

Full Name: _____ Date: _____

Mailing Address: _____

Physical or Street Address: _____ Parish: _____

City: _____ LA Zip Code: _____

Phone Number: _____ Alternative Phone Number: _____

Cell Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Gender: Male Female

Are you of Hispanic or Latino Ethnicity: Yes No

Race: (Check all that apply): White African American/Black American Indian/Alaskan Native

Asian Hawaiian/Other Pacific Islander Other

Do you have a disability (Optional): Yes No

Are you a U. S. Citizen? Yes No

If no, are you a registered alien/refugee? Yes No

Are you registered with Selective Service (Males 18 or Older)? Yes No

Are you a Veteran? Yes No

Are you the spouse of a Veteran? Yes No

Spouse Only (Check One):

Surviving Spouse

Spouse is deployed resulting in a loss/reduction in income

Spouse lost employment due to Active Duty husband's/wife's transfer of duty station

Are you a Campaign Veteran? Yes No If so list: _____

Were you discharged due to a service connected disability? Yes No

Enter Date: ___ / ___ / ___

Discharge Date: ___ / ___ / ___

Type of discharge received: Honorable Less than Honorable Dishonorable

Other

What branch of service were you in?

Army

Navy

Air Force

Marines

Coast Guard

Reserves

Highest Grade Completed: Less than High School High School Graduate Received GED
 Technical College Some College 2 yr. College Graduate
 4 yr. College Graduate Post Graduate

Current School Status: Not attending any school Attending High School
 Attending GED or HS equivalency classes Attending college
 Attending technical college Attending post graduate school

Name of school(s) graduated from and years: _____

Are you a drop out? Yes No Grade: _____ Name of school dropped from: _____

Do you have a GED? Yes No Name of school and year: _____

Name of school planning to attend: _____

Course/Major: _____ Start Date: ____ / ____ / ____

Pursuing: GED Diploma/Certificate Associate's Degree Bachelor's Degree

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

Are you a high school dropout? Yes No

Are you a single parent? Yes No

Are you pregnant? Yes No

Have you recently divorced? Date: ____ / ____ / ____ Yes No

Have you recently separated from your spouse? Date: ____ / ____ / ____ Yes No

In order to determine need for additional services are you a victim of spousal abuse? Yes No

Are you living in a state recognized shelter? How Long? ____ Yes No

Do you have transportation to get to school or work? Yes No

Do you rely on public transportation to transport you? Yes No

Do you live in public housing? Yes No

Are you a runaway? Yes No

Are you homeless? Yes No

Are you a foster child? Yes No

Did you fail LEAP/GEE? Yes No

Do you have substance abuse problems? Yes No

Are you an offender? Yes No

Do you have a disability? Yes No

Have you applied for Vocational Rehabilitation Services? Yes No

Are you receiving Vocational Rehabilitation Services? Yes No

Have you applied for a Pell Grant? Yes No

Have you been determined eligible for a Pell Grant? Yes No

Are you currently receiving a Pell Grant? Amount: \$ _____ Yes No

Have you ever been enrolled in the WIA Program? Year: _____ Yes No

LIST ALL FAMILY MEMBERS LIVING IN YOUR HOME:

(Include yourself, spouse, father, mother, sister, brother, children, and relatives.) List family members age, SSN, relationship, **GROSS** (before deductions) wages and income sources for each person. You must give a social security number for everyone over 14 years of age. **Proof of all income must be submitted.**

FIRST/LAST NAME	AGE	SSN	RELATIONSHIP	INCOME	INCOME SOURCE EMPLOYMENT

Do you or a family member receive any of the following?

Welfare (FITAP)	\$ _____	Veteran's Benefits	\$ _____
Food Stamps (TANF)	\$ _____	Workman's Compensation	\$ _____
Social Security Disability Income (SSDI)	\$ _____	Alimony	\$ _____
GI Bill	\$ _____		

ALTERNATE CONTACTS

List two people that do not live at your address and will know how to get in touch with you.

Name: _____ Phone: _____ Cell: _____
 Address: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____
 Address: _____ Relationship: _____

EMPLOYMENT

What is your current employment status: Employed Unemployed Never Worked

Are you looking for work? Yes No

Are you receiving unemployment? Yes No

Have you exhausted your unemployment benefits? Yes No

Have you received a termination or layoff notice from your last employer? Yes No

What was your termination or layoff date? (mm/dd/yyyy) _____ / _____ / _____

Reason for termination or layoff from last job: Layoff Plant Closure Quit Fired Other

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

Were you laid-off from a plant that is TAA certified? Yes No

PLEASE LIST ALL EMPLOYERS STARTING WITH YOUR PRESENT OR LAST JOB AND WORKING BACK 18 MONTHS. PLEASE PROVIDE A CHECK STUB FROM EACH.

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Supervisor: _____
Job Title: _____ Check One: Full-time Part-time Salary: \$ _____
How often paid? Weekly Bi-Weekly 1st and 15th Monthly
How many hours worked per week? _____
Employment Start Date: _____ Employment End Date: _____
Reason for Leaving? Still Working Quit Layoff Plant Closure Other

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Supervisor: _____
Job Title: _____ Check One: Full-time Part-time Salary: \$ _____
How often paid? Weekly Bi-Weekly 1st and 15th Monthly
How many hours worked per week? _____
Employment Start Date: _____ Employment End Date: _____
Reason for Leaving? Still Working Quit Layoff Plant Closure Other

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Supervisor: _____
Job Title: _____ Check One: Full-time Part-time Salary: \$ _____
How often paid? Weekly Bi-Weekly 1st and 15th Monthly
How many hours worked per week? _____
Employment Start Date: _____ Employment End Date: _____
Reason for Leaving? Still Working Quit Layoff Plant Closure Other

I certify the information that I have provided on this document is true and correct to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA.

Applicant's Signature

Date

Return to: **The Coordinating and Development Corporation**

Center Location: _____
Account Executive: _____
Address: _____
Phone: _____ Office Hours: _____
Email: _____

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