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**“Your One-Stop Workforce Center”**

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## **APPLICATION FORM**

### **Acadia Parish**

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

### **St. Martin Parish**

215 Evangeline Blvd.  
St. Martinville, LA 70582  
(337) 394-2205  
Fax/TDD: (337) 394-1833

### **Evangeline Parish**

306 W. Main St.  
Ville Platte, LA 70586  
(337) 363-6241  
Fax/TDD: (337) 363-1451

### **St. Mary Parish**

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

### **Iberia Parish**

601 Ember Dr.  
New Iberia, LA 70560  
(337) 373-0010  
Fax/TDD: (337) 373-0070

900 Youngs Road  
Morgan City, LA 70381  
(985) 354-6200  
Fax/TDD: (985) 354-6333

### **St. Landry Parish**

1065 Hwy 749, Suite C  
Opelousas, LA 70570  
(337) 948-1377  
Fax/TDD: (337) 948-1033

### **Vermilion Parish**

1301 Clover St.  
Abbeville, LA 70510  
(337) 893-1986  
Fax/TDD: (337) 893-1868

[www.acadianaworks.org](http://www.acadianaworks.org)

This application is valid for 45 days from date of submission.

## 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

# Acadiana Works, Inc. 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 convicted of a felony or misdemeanor?  Yes  No

## 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

## 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 Louisiana Workforce Commission or LWC’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 agree to share placement information with staff of the Business & Career Solutions Centers, Louisiana Workforce Commission, Louisiana Technical College and universities. 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) <8<sup>th</sup> 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
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Name	Address	Phone
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## EQUAL OPPORTUNITY

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