



STEPS TO APPLY FOR SERVICES:

1. **PRINT** the application.
2. Complete the **ENTIRE** application. Answer **EVERY** question.
3. **BRING** the application & required documentation to the office nearest you.
4. For training funding, submit application at least 2 weeks **BEFORE** training starts.
(NOTE: Applying less than 2 weeks prior to training may result in lower funding availability.)

The following items MUST be submitted with application:

(NOTE: For substitute items, call or visit your local office.)

1. Picture ID
2. Proof of Citizenship
Examples: birth certificate, voter registration card, passport, alien registration card
3. Proof of Social Security Number
Examples: social security card, W2, social security benefits
4. Income for the past 6 months for **ALL** family members
Examples: check stubs, signed statement from employer
5. Public Assistance Records, if applicable
Examples: SNAP (food stamps) benefits, SSI/SSDI benefits, TANF (welfare) benefits

Additional items may be requested for eligibility determination.

THIBODAUX	HOUMA	NAPOLEONVILLE
1425 Tiger Drive	200 Point Street	205 Hwy. 1008
(985) 227-7119	(985) 876-8990	(985) 369-1810
	1-800-351-4378	

Services are based upon eligibility requirements and availability of funds.
Equal Opportunity Employer/Program - Auxiliary aids & services available upon request to individuals with disabilities.

American Job Center, Work Connection, Inc.
WIOA Pre-Application

Revised 01/31/2024

Date: _____

Full Name: _____

Address: _____ City/State/Zip: _____

Primary Phone #: (_____) _____ Alternate Phone #: (_____) _____

Email Address: _____

Current Age: _____ Gender: Male Female Do you have a disability? Yes No Prefer not to answer

If you are a man who was born on or after 1/1/1960, are you registered for Selective Service? Yes No N/A

Citizenship Status: U.S. Citizen/Naturalized Permanent Resident Lawfully Admitted Alien/Refugee None of these

Military Status: U.S. Veteran Currently Serving In Reserves Spouse/Child of Veteran None of these

Current Work Status: Working full-time Working part-time Not Working Never Worked

Worked as a farm worker in the last 12 months: Yes No

Receiving unemployment benefits: Yes No Exhaustee

Received notice of termination, layoff or military separation in the last 12 months: Yes No

Highest Educational Level Achieved:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than High School (Highest Grade Completed _____) | <input type="checkbox"/> Some College/Technical/Vocational School | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Vocational School Certificate or Equivalent | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> GED/High School Equivalency Diploma | <input type="checkbox"/> Associate Degree or Equivalent | <input type="checkbox"/> Master's Degree |

Are you currently attending school? Yes No If yes, Name of School: _____

In the past 6 months, have you or your family received:

- TANF (Welfare) SNAP (Food Stamps) SSI General Assistance Refugee Cash Assistance

In the past 6 months, have you received: SSDI Foster Care Payments Worker's Compensation

Please check all of the following that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Offender (arrested/convicted of a crime) |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Displaced Homemaker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Single Parent (including single pregnant women) |
| <input type="checkbox"/> Runaway | <input type="checkbox"/> Facing Cultural Barriers |
| <input type="checkbox"/> Foster Care (<input type="checkbox"/> Currently In / <input type="checkbox"/> Aged Out) | <input type="checkbox"/> Within 2 Years of Exhausting TANF Lifetime Eligibility |

Desired Services:

Funding for School

Name of School: _____

Desired Curriculum: _____ Start Date of Classes: _____

Are you receiving or will you receive Pell Grant funds? Yes No

On the Job Training

Desired Occupation: _____

Months of Experience in this Occupation: _____

Work Experience

Occupational Interest: _____

Months of Experience in this Occupation: _____

Other _____

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Total household income earned within the last 6 months _____

Complete the following for all family members who are currently living in your household:

	NAME	AGE	RELATIONSHIP TO YOU	MONTHLY INCOME	SOURCE (JOB, SSI, CHILD SUPPORT, ETC.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

List Your Work History (List your most recent job first)

1. Employer: _____ Job Title: _____
 Start Date: _____ End Date: _____
 Hourly Salary: _____ Hours per week: _____ Reason for leaving: _____
 Job Duties: _____

2. Employer: _____ Job Title: _____
 Start Date: _____ End Date: _____
 Hourly Salary: _____ Hours per week: _____ Reason for leaving: _____
 Job Duties: _____

3. Employer: _____ Job Title: _____
 Start Date: _____ End Date: _____
 Hourly Salary: _____ Hours per week: _____ Reason for leaving: _____
 Job Duties: _____

4. Employer: _____ Job Title: _____
 Start Date: _____ End Date: _____
 Hourly Salary: _____ Hours per week: _____ Reason for leaving: _____
 Job Duties: _____

PLEASE ASK FOR AN ADDITIONAL PAGE IF YOU NEED MORE SPACE.