

St. James Parish Department of Human Resources

“One Department, Many Services”

Career Start Application



Name of Applicant _____

Date of Application _____

Date Approved _____

Not Approved _____ Reason _____



CAREER START APPLICATION

(Please Print Clearly)

Date: _____ Exp. Date: _____

Name _____ SS# _____
(Last, First, Middle)

Home Address: _____ Phone: (____) _____
(Street, City State, Zip)

Mailing Address: _____
(If different from home address)

Age: _____ Birthdate: ____/____/____ Sex: M _____ Race: _____
F _____

Marital Status

____ Single _____ Divorced / Date _____
____ Married / Date _____ _____ Widowed / Date _____
____ Separated / Date _____

Citizenship

____ U.S. Citizen
____ Legal Alien

____ Lawful Refugee
____ Ineligible Non-Citizen

Military Registration

Are you registered? ____ Y ____ N
Selective Service

Veteran Status

Entry Date: _____
Ending Date: _____
____ Vietnam Veteran
____ Disabled Veteran

Check any physical or mental disabilities, and list any chronic disease or barriers to employment, which applies to you.

____ Limited English ____ Offender ____ Pregnant/Parenting Teen ____ Drug Addict
____ Physical Disability ____ Alcoholic ____ Homeless Runaway ____ Mental Disability
____ None ____ Other _____

Work History (Detail Work History, Last Job First)

- Employer Name _____
Address _____
Job Title _____ Date Started ____/____/____ Date Left ____/____/____
Job Duties _____ Salary/Hr. _____
Hrs/Week _____ Reason for Separation _____
- Employer Name _____
Address _____
Job Title _____ Date Started ____/____/____ Date Left ____/____/____
Job Duties _____ Salary/Hr. _____
Hrs/Week _____ Reason for Separation _____
- Employer Name _____
Address _____
Job Title _____ Date Started ____/____/____ Date Left ____/____/____
Job Duties _____ Salary/Hr. _____
Hrs/Week _____ Reason for Separation _____
- Employer Name _____
Address _____
Job Title _____ Date Started ____/____/____ Date Left ____/____/____
Job Duties _____ Salary/Hr. _____
Hrs/Week _____ Reason for Separation _____

Education

Highest Grade Completed: _____ Are you currently a student? ___ Yes ___ No
If yes, what school? _____
Do you have a diploma, GED, or Certificate of Completion? _____
Training following high school? ___ Yes ___ No If yes, name school & course of study _____

Support Information

Who provides 50% or more of your support? _____
How much rent do you pay per month? _____

List all family members you have lived with for the past 6 months *(include all family members related by blood, marriage, or adoption)*

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Social Security #</u>	<u>Income Source</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check all sources of income which apply to your household

___ Total household wage *(past 6 months)* \$ _____
___ Food Stamps ___ Social Security ___ Welfare Payments ___ Child Support
___ Alimony ___ Free Lunch Program ___ U.I. Payments ___ SSI
___ Worker's Comp ___ Interest Income ___ Royalties ___ Other _____

Nearest Friend/Relative *(Not living at the same address as you are living)*

Name _____
Address _____
Phone (_____) _____ Relationship _____

I certify that the information I have provided is true and correct to the best of my knowledge and I authorize the Department of Labor or its agents to examine any records of any former employer or other agency for the purposes of determining eligibility. I am aware that incorrect or false information may result in my termination from the program, repayment of funds, and/or prosecution for perjury or fraud.

Applicant's Signature

Date

Parent's Signature *(If under 18 yrs of age)*

Date

Staff Signature

Date