

ENTERPRISE ZONE PROGRAM Employee Screening Questionnaire

This form is to be retained by the company. DO NOT mail to BL.

Name _____
Last, First, Middle Initial
Social Security Number

Address _____
Street Address

City, State, Zip Parish

Louisiana resident? (Lived in Louisiana at least 30 consecutive days prior to hire.) **YES** [] **NO** []

OR
US citizen that becomes domiciled in Louisiana within 60 days after employment **YES** [] **NO** []

Full time employee? **YES** [] **NO** []
 (Hired to work 35 hours weekly and receives benefits?)

Business located in:

X **In an EZ** **YES** [] **NO** []

X **URBAN Parish** **YES** [] **NO** []

X **RURAL Parish** **YES** [] **NO** []

A. **Resident of what parish?** _____

Does the employee reside in an EZ CT _____ BG _____

For the census tract and block group for an address:

http://factfinder.census.gov/servlet/AGSGeoAddressServlet?_lang=en&_programYear=50&_treeId=420
 type in the address for the census tract and block group (CT/BG) number.

For the listing of Enterprise Zones for every parish:

http://www.ledlouisiana.com/downloads/EZ_Rural_Parish_Data.pdf

B. **Is employee registered with Louisiana Workforce Commission (fka LDOL)** **YES** [] **NO** []

Receiving some form of public assistance? **YES** [] **NO** []

(Unemployment IS NOT public assistance.)

If YES, indicate type: _____

C. **Lacking basic skills** **YES** [] **NO** []

(Below 9th grade proficiency in reading, writing, or math.)

If YES, on what level and how tested? _____

D. **Unemployable by Traditional Standards**

Having no prior work history or job training, having a criminal record,

Excluding misdemeanors, having a history of being unable to retain

Employment after gaining it, or being physically challenged **YES** [] **NO** []

Signature and Title **Date**