

## ENTERPRISE ZONE PROGRAM Employee Screening Questionnaire

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

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 \_\_\_\_\_

**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**