

## Tulare County Business Incentive Zone Pre-Screening Form

Company Name:		Wage: \$	(	Per Hour)
Date of Hire:	Job Title:			
Your employer is located in the Tulare County E The information on this pre-application form is credit. The information is voluntary and will ren	s necessary to determine v			
Please print clearly a	and answer all questions	s completely.		
Part A – Employee Information				
Last Name:	First Name:			
Street Address:	City/Zip Code:			
Home Phone #:	SSN #:			
Are you a U. S. Citizen? Yes No No	If No - Are you a	ı resident alien	Yes	No 🗌
Are you a member of a federally recognized Indian tri Native American descent?	ibe, band, or other group of		Yes	No 🗌
Are you an ex-felon released from prison or parole wi	thin one year of your hire dat	te?	Yes	No
Part C - Job History  (Please mark Y	es or No)		Yes	No
Were you laid off from your previous job?(If yes: Name of Employer				
Were you unemployed due to a plant closure or milita	ary installation closure?			
Were you terminated or laid off due to the Clean Air	Act?			
Have you been unemployed for 15 out of the last 26 w	veeks?			
Were you previously self-employed?				

Part D – Military History					
	(Please mark Yes or No)	Yes	No		
Were you discharged from military sen Did you serve between the dates of 8/5	Veteran? vice 48 months prior to working with this company? /64 to 5/7/75? rces as of September 30, 1990, involuntarily separated or separated.				
Part E – Assistance History	(Please mark Yes or No)	Yes	No		
Have you or your family received:					
Aid to Families with Dependent Child	ren (AFDC)?				
CalWORKS (Previously known as GAIN)?					
Job Training Services funded by WIA or the Workforce Investment Act (WIA)?					
Supplemental Security Income (SSI); Social Security Payment)?					
General Assistance?					
Food Stamps?					
6 months prior to your hire with this company, did you receive unemployment insurance payments?					
Are you enrolled or have you complete	d a state rehabilitation program?				
Part F – Family Income					
*Include your children 22 years of	age and under and/or legal dependants that lived in your hous	ehold in th	e 6 or		

12 months prior to your hire with this company.

## Please circle the amount that best describes your total family income.

Family Size	1	2	3	4	5	6	*Each Additional Add
*Annual Income	< \$8,360	\$13,700	\$18,810	\$23,220	\$27,400	\$32,050	\$4,650
*6 Month Income	\$4,180	\$ 6,850	\$ 9,405	\$11,610	\$13,700	\$16,025	\$2,325

Income may include: wages, alimony, college grants, state disability payments, etc.

List names, ages and income for immediate family members	Age	Source of Income	* Gross Income □ Annual □6 Month
1. Self:			\$
2. Spouse:			
3.			
4.			
5.			
6.			
7. Please include any additional family members.			

Income Eligibility Chart – May 12, 2000