

# GROWTH SERVICES– IN PARTNERSHIP WITH EMPLOYBR

GROWTH Services of Louisiana is partnering with EmployBR to train Assistant Success Coaches

## GROWTH Services

Come train at an organization that strives for Extraordinary People and Exceptional Performance! GROWTH Services of Louisiana is looking for Student Success Coaches to perform support services to educate and coach our community to live better lifestyles. GROWTH is responsible for a coordinated set of activities for students with disabilities designed within an outcome-oriented process that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), and Pre-Employment Transition Service (Pre-ETS) Programming. Specifically, the individuals will be trained on implementing locally tailored practice and evidence-based strategies related to Pre-Employment Transition Services (Pre-ETS) in the Baton Rouge Metro Area.

## WIOA/EmployBR

The Workforce Innovation and Opportunity Act (WIOA) is a transformative law designed to strengthen our nation's public workforce system, helping Americans, particularly youth and those with barriers to employment, access the education, training, and support services they need to obtain and advance in quality jobs and careers, and to help businesses hire and retain the skilled workers they need to succeed in a global economy. WIOA/EmployBR ensures that the needs of businesses and workers drive workforce solutions and it increases and aligns coordination among key employment, education, and training programs.

### **Opportunity at a Glance**

Assistant Success Coaches provide support to members of the organization's management team, including scheduling meetings and events, assisting with the maintenance of confidential organization and employee files and records, entering data into various tracking spreadsheets, and providing assistance to other staff members as needed in support of various organization programs and media presence.

### **Essential Job Requirements:**

- Ability to read and write legibly.
- Ability to count and perform simple mathematical calculations accurately.

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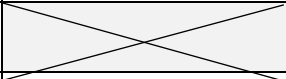
- Ability to sit for extended periods of time, in a temperature controlled and moderately noisy work environment.
- Ability to communicate effectively with internal and external customers and suppliers, both orally and in writing.
- Ability to compose a coherent, grammatically correct letter and speak clearly, in English, with good grammar.
- Ability to be flexible and remain courteous and professional while managing the stress of meeting deadlines and achieving production goals, dealing with interruptions, interference, lack of cooperation, and/or errors of customers.
- Ability to pay attention to the details, produce accurate and timely results, and maintain concentration on the task at hand, while juggling multiple assignments, ignoring distractions from office noise and other workers in close proximity.
- Ability to operate a computer terminal, computer printer, typewriter, calculator, facsimile machine, copier, and telephone.
- Ability to move freely about an office to access materials and use equipment.
- Ability to perform correctly from memory and follow detailed procedures after a suitable period of training.
- Ability to maintain stamina and productivity throughout an entire work shift.
- Ability to maintain regular and punctual attendance. Absenteeism, tardiness, and the inability to complete an entire shift are grave and unacceptable disruptions to our Company's ability to service our customers.
- Ability to initiate and maintain interpersonal contacts, including with people who may be hostile or impatient, and respond in a positive and professional manner to feedback from customers and coworkers alike.
- Ability to reason, remember, and observe.

To learn more about this training opportunity, please contact GROWTH Services of Louisiana  
<https://www.growthla.org>

**WIOA Eligibility Application**  
**PLEASE PRINT**

BACKGROUND			
1. Name: Last:		First: Middle:	
2. SSN:			
3. Parish:			
4. Address:			
5. City:	6. State:	7. Zip:	
8. Phone Number:	9. Email Address:		
10. Birthdate (MM/DD/YYYY):	11. Age:	12. Gender:	
13. Please indicate race:			
<b>Please check Yes/No for the following questions:</b>			<b>YES</b>
14. Are you married?			<input type="checkbox"/>
a. If yes, indicate your spouse's name, occupation, and military status (if applicable):			<input type="checkbox"/>
15. Were you previously deemed eligible under WIA or WIOA?			<input type="checkbox"/>
16. Are you a U.S. citizen?			<input type="checkbox"/>
17. Are you a veteran?			<input type="checkbox"/>
18. Are you an 18 year old male registered with selective service?			<input type="checkbox"/>
19. Do you have a documented or service related disability?			<input type="checkbox"/>
20. Are you over the age of 25 and, have been charged with and/or convicted of a felony?			<input type="checkbox"/>
21. Can you pass a drug test?			<input type="checkbox"/>

EDUCATION		
Please check Yes/No for the following questions:	YES	NO
22. Have you applied for FAFSA/ Pell Grant and other financial assistance?		
23. Are you currently attending school, training, or educational classes?		
a. If yes, please list:		
24. Did you complete high school or get a GED?		
a. If not, what was the highest grade you completed?		
25. Have you received any education/training after high school?		
a. If yes, please list:		
b. Did you complete program(s)?		

INCOME					
Please check Yes/No for the following questions:				YES	NO
26. Are you a recipient of public assistance funding? If so, indicate below.					
a. TANF					
b. SNAP/Food Stamps					
c. Other (Please list):					
27. List all family members living in your house or home. Family - The term "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife and dependent children. (B) A parent or guardian and dependent children. (C) A husband and wife. Also list the monthly gross income for the last six months for each household member and attach check stubs. If no income, place 0. <b>If answered "yes" to Number 26 above, no check stubs are required.</b>					
Name	Age	Relationship to Applicant	Social Security Number	Money Received in past 6 months	
Applicant:					

27a. Continued:				
Name	Age	Relationship to Applicant	Social Security Number	Money Received in past 6 months

EMPLOYMENT				
Please check Yes/No for the following questions:			YES	NO
28. Are you currently employed?				
29. If <b>No</b> , were you laid-off from most recent employment?				
30. Are you eligible to receive Unemployment Benefits?				
31. Please list your previous employment. List your most recent job first:				
Employer:		Job Title:		
City and State:		From:	To:	
Job Duties:				
Hourly Wage:		Hours per week:		
Reason for leaving:				
Employer:		Job Title:		
City and State:		From:	To:	
Job Duties:				
Hourly Wage:		Hours per week:		
Reason For Leaving:				

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City and State:	From:	To:
Job Duties:		
Hourly Wage:	Hours per week:	
Reason For Leaving:		

YOUTH		
Please complete the following section if you are between the ages of 14-24.	YES	NO
<b>32.</b> Did you graduate from high school?		
<b>33.</b> Are you in foster care or aged out of foster care?		
<b>34.</b> Are you pregnant or parenting?		
<b>35.</b> Have you ever been charged with and/or convicted of a felony?		
<b>36.</b> Are your parents/guardian currently incarcerated?		
<b>37.</b> Are your parents/guardian currently unemployed?		
<b>38.</b> Have you ever been required to repeat a grade level?		
<b>39.</b> Is English your first language?		
<b>40.</b> Are you a victim of sex trafficking?		
<b>41.</b> Are you currently homeless and/or a runaway?		
<b>42.</b> Have you been a victim of a federally declared natural disaster in the past five years?		

**I certify that the information I have provided is true and accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature for Minor (14-17): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature for Minor (age 14-17): \_\_\_\_\_ Date: \_\_\_\_\_

WIOA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(WIOA Representative Signature affirms that application is complete and all supporting documents are included)**

**Documentation Verification Checklist**

**Recommended documents for eligibility review/application completion and processing**

<b>Social Security Number Verification</b>	<b>Date of Birth and Age Verification</b>
DD 214/Report of Transfer/Veterans	Birth Certificate
Administration Medical Card	DD 214/Report of Transfer/VA Medical Card
Letter from Social Security Administration	Driver's License
SS Card	Federal/State ID
W-2	Hospital Record of Birth
Passport	Passport
Military ID	Public Assistance/Social Service Records
Federal/State ID	School Records/Identification Card/Work Permit
<b>Citizenship/Alien Status Verification</b>	<b>Family Income/Public Assistance</b>
Alien Registration Card Indicating Right to Work	Check Stubs (Recent Six Months)
Birth Certificate	Employer's Statement (Company Letterhead)
DD 214/Report of Transfer(if place of birth is indicated)	Applicant Statement
Foreign Passport Stamped Eligible to Work	Food Stamp Record/Social Service Records
Hospital Record of United States Birth	Child Support
Naturalization Certification	SSI/SSDI
United States Passport	Other(specify)_____
Voter Registration Card	
<b>Proof of Residence/ Address</b>	<b>Selective Service/Draft Status</b>
Public Assistance Record/Social Service Records/School	Selective Service Registration Card
Utility Bill (current)	Selective Service Verification Form
Dated Mail (recent postmark)	Stamped Post Office Registration Receipt
Driver's License (current validation)	Internet On-line access/Verification (Printed verification copy)
Landlord Statement/Lease	DD214
Voter Registration	Selective Service Acknowledgement Letter/Request
Homeless (Primarily Nighttime)	
<b>Disability Verification</b>	<b>Education/Prior Training Verification</b>
Documentation from Vocational Service Agency	School Verification Form
Doctor's Medical Statement/Evaluation Summary	High School Diploma/Credential
Formalized Assessment (Medical/Educational)	GED/HISET Credential/Documented Statement
	College Diploma/Credential
	Other Certifications/Credential