**Metropolitan Water District**

**VOLUNTARY WORKER SURVEY FORM**

All information provided is voluntary and confidential.

Please return this form to the PLA Coordinator – [rasien.connelly@parsons.com](mailto:rasien.connelly@parsons.com) (818) 726-2540

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WORKER INFORMATION** | | | | | | | |
| Worker Name: |  | | | Contractor: |  | | |
| Address: |  | | | | | Zip Code: |  |
| Phone Number: |  | Email: |  | | | | |
| **LOCAL RESIDENTS GOAL** | | | | | | | |
| **Local Worker 60% of all Craft Hours:** (PLA Section 4.5)A local worker means a construction craft worker domiciled in the Metropolitan Service Area, or Veteran residing anywhere. | | | | | | | |
| **TRANSITIONAL WORKER GOAL** | | | | | | | |
| **Transitional Worker 15% of all Craft Hours:** (PLA Section 4.5) Transitional Worker means any individual qualifying for one or more of the following categories, at initial time of employment on the Covered Project. | | | | | | | |

|  |  |
| --- | --- |
| Transitional Worker (proof of status may be requested) | |
|  | Veteran Status. Veteran is defined as veteran or the eligible spouse of a veteran of the United States armed forces, under section 2(a) of the Jobs for Veterans Act |
|  | Is an apprentice with less than 15% of the work hours required for completion of the Apprenticeship Program |
|  | No high school diploma or general education diploma (GED) |
|  | Is homeless or has been homeless within the last year |
|  | Is a former foster youth |
|  | Is a custodial single parent |
|  | Is experiencing protracted unemployment (defined as receiving unemployment benefits for at least three months) |
|  | Is current recipient of government cash or food assistance benefits |
|  | Has a documented income at or below 100% of the Federal Poverty Level |
|  | Is formerly incarcerated |
|  | Is a graduate of an apprenticeship readiness program approved to use the multi-craft core curriculum (MC3) |
|  | DECLINE TO STATE |

***I certify that the above information and attached documentation are true and correct.***

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Metropolitan Water District**

**VOLUNTARY WORKER SURVEY FORM**

**Examples of Verification Documents**

|  |
| --- |
| **TRANSITIONAL WORKER GOAL** |
| **Transitional Worker 15% of all Craft Hours:** (PLA Section 4.5) Transitional Worker means any individual qualifying for one or more of the following categories, at initial time of employment on the Covered Project. |

|  |  |  |
| --- | --- | --- |
| Transitional Worker | | Verification Documents (Must be available for inspection, as needed) |
|  | Veteran Status. Veteran is defined as veteran or the eligible spouse of a veteran of the United States armed forces, under section 2(a) of the Jobs for Veterans Act | * DD214 * Proof of current veteran benefits * Driver’s License with veteran status * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is an apprentice with less than 15% of the work hours required for completion of the Apprenticeship Program | * Union Dispatch Slip * Apprentice status from union apprenticeship program * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No high school diploma or general education diploma (GED) | * Self-Certification * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is homeless or has been homeless within the last year | * Letter from shelter or temporary living space * Release/check out paperwork from shelter * Self-Certification * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is a former foster youth | * Declaration of Emancipation from DPSS * Record from County Foster Care * Transition Housing Referral forms for emancipated foster youth * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is a custodial single parent | * Department of Public Social Services (DPSS) Notice of Action * DPSS Certification * Income Tax Return (to show qualifying child lived with the individual for 6+ months) * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is experiencing protracted unemployment (defined as receiving unemployment benefits for at least three months) | * Unemployment benefits stub * Self-Certification * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is current recipient of government cash or food assistance benefits | * Copy of Welfare Card/EBT Card * Check Stub from Public Assistance Agency * Letter from Public Assistance Agency * Statement of benefits from Agency * CalWorks or medical forms, Food Stamp letter (SNAP, CalFresh) * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Has a documented income at or below 100% of the Federal Poverty Level | *Please complete the required table below. Use more pages if necessary.*   |  |  |  | | --- | --- | --- | | Name of Person in Household | Age | Annual Income | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
|  | Is formerly incarcerated | * Court Documentation * Self-Certification * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is a graduate of an apprenticeship readiness program approved to use the multi-craft core curriculum (MC3) | * Program Completion Certificate * Self-Certification * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |