**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 (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. |

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| 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**

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**Examples of Verification Documents**

|  |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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