

Self-Employment Training Program Application University of New Orleans / TRAC

P.O. Box 1051
New Orleans, LA 70148

Phone: 504-280-5700 Fax: 504-280-5707



Exceptional Entrepreneurs of Louisiana
TRAC / Training, Resources, and Assistive-technology Center
College of Business Administration

Please type in or fill out legibly in ink. If more room is needed to answer the questions, please attach your answers with this application.

I. GENERAL INFORMATION

Name: _____			Date: _____
FIRST	MIDDLE	LAST	
Home Address: _____			
Phone: _____		Fax: _____	
E-Mail Address: _____			
LRS Counselor: _____		City: _____	

IIA. WORK HISTORY: *General*

Please provide past employment and work-related experiences which will help you with your proposed business.

COMPANY CITY/ STATE	POSITION	EMPLOYMENT DATES	DUTIES



IIA: WORK HISTORY: *General (continued)*

Please check off your experience in the following areas:

Accounting/Bookkeeping: Yes _____ Describe:

No _____

Finance: Yes _____ Describe:

No _____

Marketing: Yes _____ Describe:

No _____

Supervision: Yes _____ Describe:

No _____

Describe any experiences you have in management or supervision of others:

Please list other skills or special knowledge which may help you in your proposed business: *(operating equipment, computer programs, or foreign languages)*



IIB. WORK HISTORY: *Self-Employment*

Has anyone in your family ever owned a business? Yes_____ No_____

What is your relationship? _____
What kind of business: _____

Were you involved in the daily operations? How? Yes_____ No_____

Have you ever owned a business? Yes_____ No_____
If yes, what kind of business? (*please list all if more than one*)

If the business is no longer operating, why?

Did you break even or make a profit from your business?



III. SELF-EMPLOYMENT INITIATIVES

Briefly describe the business you want to start:

Please list the total amount of money you need in each of the following areas to start your business:

Cash:	\$ _____
Tools:	\$ _____
Equipment:	\$ _____
Inventory:	\$ _____
Building:	\$ _____
Permits/License	\$ _____
TOTAL:	\$ _____

How much of the TOTAL amount needed for your business will be provided by each of the following sources?

Personal:	_____
LRS:	_____
Banks:	_____
Family/Friends:	_____
Private Investor:	_____



III. SELF-EMPLOYMENT INITIATIVES (cont'd)

What are your training needs?	Accounting/Bookkeeping:	Yes_____	No_____
	Legal Assistance:	Yes_____	No_____
	Where to find Money:	Yes_____	No_____
	Marketing Your Product/Service:	Yes_____	No_____
	Writing a Business Plan:	Yes_____	No_____
	Computer Skills:	Yes_____	No_____

Below is a list of frequently used programs which are used in the ExcEL Program. Please check any programs below that you are familiar with.

Microsoft Word Microsoft EXCEL Internet Email

I am not familiar with any of these programs

Other: _____

Have you completed a market research study to determine the need for your service/product?

Yes_____ No_____

If so, what did you find out?



IV. SUPPORT SYSTEM

Does your family support your decision to be self-employed?
If not, why?

Yes _____ No _____

If the business does not work out, do you have a back-up plan? If so, what?

If help is needed, do you have family members or friends who will help you in daily operations?

If yes, please explain:

Yes _____ No _____

Do you currently have work-related or personal contacts you can rely on for assisting you in your proposed business? If yes, please explain:

Yes _____ No _____

List any local, state or national organizations you currently belong to: (*professional, trade, social, or disability related*)



V. DISABILITY

Do you have concerns about your disability affecting your business? Please explain.

What special needs or equipment are needed to operate your business? (*wheelchair ramp, lower work station, screen reading software, magnification programs, CCTV, TTY, voice recognition, etc.*)

Signature: _____ Date: _____

LRS Counselor Signature: _____ Date: _____

FOR EXCEL COMMITTEE USE ONLY

Comments:

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To the ExcEL Applicant:

The ExcEL Team is pleased to know you are interested in beginning your own business and you have considered taking part in the UNO-TRAC Entrepreneurial *ExcEL* Program (Exceptional Entrepreneurs of Louisiana). Enclosed is the ExcEL Program Application. The following information will help the review committee determine your preparedness for self-employment. You **are not expected** to be able to answer all the questions, but answer as many as possible. Should you need additional space to answer, feel free to attach additional pages. Please be sure the additional pages include the section and question you are answering.

Your LRS Counselor will be notified on the status of your application. You may receive a call from TRAC staff to discuss your application prior to the training programs. If you have any questions or need assistance with filling out the application, please feel free to contact the ExcEL Program staff at 504-280-5700, fax 504-280-5707 (use after 6/1/07). The TRAC staff looks forward to working with you. Thank you.

ExcEL Team