Case Manager:

Career Readiness / Job Placement

NOVA

WORKFORCE INSTITUTE OF NORTHEAST LOUISIANA

CHECKLIST

Please call **NOVA @ (318)855-1923** before submitting your application if you have questions or concerns about collecting and bringing in required documentations listed below. You may bring photocopies or the original documents. (Original documents will be copied and returned to you)

- ○ **NOVA Application** (Completed in black or blue ink)
- ○ **Identification** (must provide one of the following) Driver's License, State Issued I.D., Permanent Residency Card, Valid Passport
- ○ **Social Security Card or Birth Certificate** (Must provide for all members in household)
- ○ **Employment History** or **Resume' (Inside of Packet)**
- ○ **Education History (Inside of Packet)**
- ○ **College Transcript** (If none) **High School Diploma**, **G.E.D.**, or **HISET** {Does not apply for individuals applying to enter the G.E.D. program}
- ○ **Release forms** (Read and sign all forms) Your signature allows **NOVA** to verify enrollment to our sponsors
- ○ **Proof of Residence** (2): current address on Driver's License or State Issued I.D., current bill in applicant's name, lease agreement, voter registration card

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NOVA MEMBERSHIP APPLICATION

Answer all questions *Please Print* Information is Confidential

1. **Name** _____ **SSN** _____ **Date** _____
2. **Street Address** _____ **Apt #** _____
3. **City** _____ **State** _____ **Zip Code** _____
4. **Phone**(___)_____ **Alternate Phone#** (___)_____ **2nd Alternate Phone#** (___)_____
5. **Emergency Phone#** (___)_____ **Email**:_____
6. **Citizenship** (check one) ___ **U.S. Citizen / Are you a Veteran:** Yes / No (*Please provide if applicable*)
7. **Gender** ____ Male ____ Female 8. **Date of Birth** _____ 9. **Age** _____
10. **Are you disabled or have a disability?** _____ Yes _____ No {***If Yes, complete the following***}

    Under a doctor's care? _____ Yes ____ No {Vocational Rehabilitation Client? _____ Yes _____ No}

    Any physical limitations? ____ Yes ____ No / Please explain: _____
11. **Ethnicity** ____White _____ Black (not Hispanic) ____ Hispanic _____ American Indian / Alaskan Native
12. **Have you ever been convicted of a crime?** ____Yes ____ No {____ Felony _____ Misdemeanor}
13. **Are you currently or have you ever been treated for substance abuse?** ____ Yes ____ No
14. **Family Status**: ___Single _____Married ____ Divorced ____Widowed (***check one***)
15. **Do you or your family receive any of the following forms of Public Assistance?** (*Please check all that apply*) _____Food Stamps _____ SSI/SSA ____TANF *(temporary assistance for needy families)*
16. **Qualify as low income:** ____ Yes ____ No {Allowing 5% exception ____ Yes ____ No}
17. **Family Income:** List all family members in household

    Please list age, relation to applicant, social security number, income amount for the last **6 months**

Name	Age	Relationship	Social Security #	Income Amount last 6 Months	Source of Income

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Education Status:

18. Are you currently attending school? (*check one*) ___Yes ___No {If Yes, are you: ___Part-time ___Full- time}

    School type: (*Please specify*) ___H.S. ___H.S. Graduate / GED / HiSet ___ Community College

    4-Year College/University ___Trade / Technical / Vocational {Highest grade completed _____}

19. **Have you registered with Work force?** ___ Yes ___ No {If Yes, indicate date registered} _____

20. **Have you completed any vocational, trade or technical school training?** ___ Yes ___ No {If Yes, please indicate training or certifications received: _____}

21. **Have you received or are you a Pell Grant Recipient?** ___ Yes ___ No {If Yes: Amount $_____}

22. **Are you currently employed?** ___ Yes ___ No {If Yes, are you ___Full-time ___Part-time ___On-call}

    Employer Name _____ Hourly wage: $_____ {*Please list your hourly rate of pay*}

23. **What are your expectations entering and completing the program?** {*Use back for additional writing space*}

_____

_____

_____

24. **Check any additional assistance needed by a participant below:**
    PERSONAL NEEDS:

    Personal Support ____ Disability ____ Life Skills ____ Counseling ___ Parenting Skills ___

    Communication Skills ___ Motivation ___ Attitude ___ Other ___

    BASIC RESOURCES:
    Housing ___ Food ___ Clothing ___ Transportation ___ Legal Issues ___ Child or Family Care ___

    Medical ___ Healthcare ___ Other _____ (Please explain) _____

25. **Career Interest:** {*NOVA offer the following, but also acts as an intermediary* (**mediator**) *with other career Interests*}

    _____**Healthcare** _____ **Manufacturing** _____ **Construction Trade**

    _____ **Customer Service** _____ **Other**

CERTIFICATION (*Read before signing*)

I do hereby certify that the above information is true and complete to the best of my knowledge. I also authorize the NOVA program or its agent to examine any and all records of former employers and or agent for the sole purpose of determining my eligibility to participate in the NOVA program. I am aware that any false or incorrect information may result in my being terminated from the program, repayment of funds and/or prosecution for perjury and or fraud.

_____	_____	_____	_____
Applicant Signature	**Date**	**Interviewer's Signature**	**Date**

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Employment History

(Please list most recent job first)

Name of Employer		Supervisor's Name:	
Dates of Employment	From:		To:
Position		Hourly Wage:	
Duties	• • •		
Name of Employer		Supervisor's Name:	
Dates of Employment	From:		To:
Position		Hourly Wage:	
Duties	• • •		
Name of Employer		Supervisor's Name:	
Dates of Employment	From:		To:
Position		Hourly Wage:	
Duties	• • •		

Educational History	

Provide a complete and accurate educational history starting with high school, include college, vocational, trade school and any training received.

Name of School/Institution	City, State	Dates Attended	Degree/Diploma/Certificate	Graduated (circle one)
_____	_____	_____ to _____	_____	Yes No
_____	_____	_____ to _____	_____	Yes No
_____	_____	_____ to _____	_____	Yes No
_____	_____	_____ to _____	_____	Yes No

The information regarding race, ethnicity, and sex designation solicited on thus application is requested in order to assure the Federal Government, acting through USDA Rural Development that the Federal Laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familiar status, age, and disability are compiled with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the lender is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Recipient [ ] I do not wish to furnish this information	**Co-Recipient** [ ] I do not wish to furnish this information.
Race: [ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Pacific Islander [ ] White	**Race:** [ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Pacific Islander [ ] White
Ethnicity: [ ] Hispanic or Latino [ ] Non-Hispanic Latino	**Ethnicity:** [ ] Hispanic or Latino [ ] Non-Hispanic Latino
Sex: [ ] Female [ ] Male	**Sex:** [ ] Female [ ] Male
_____ **Interviewer's Signature** _____ **Interviewer's Names (PRINT)** _____ **Interviewer's Contact Number**	**Name and Address (Interviewer's** _____ _____ _____

NOVA

NEW OPPORTUNITIES VISION ACHIEVEMENT

CAREER WORKSHEET

Name: _____ Date: _____

Parish: _____

Please complete your Worksheet and turn it in on one of the two days below.

Due Date(s): _____

Place:

NOVA
1900 Nth 18th Street, Suite 201
Monroe, LA 71201

Please allow yourself 20-30 minutes to complete.
(If you use additional paper, be sure to put your name at the top of each page and attach it securely to this page)

1. What is the job title of the career you seek? _____

2. Why are you interested in this career (please, if able, provide many reason(s)?

_____

_____

_____

_____

_____

3. List some of the job duties that employees in this field perform.

- _____
- _____
- _____
- _____

4. Please describe the working conditions for your inside or outside career (will you be working days or nights, sitting, or on your feet, working with people or alone, etc.). Will any of the conditions challenge you? Why?

_____

_____

_____

_____

_____

_____

5. What degree or certification level will you need to complete in order to enter your chosen Career Field

_____

_____

_____

_____

6. What is the pay range for someone entering into this field? _____

7. List (3) specific employers that hire individuals in your career choice? (Hint: try looking up the career in the phone book.

- _____
- _____
- _____

8. Licensing boards have strict guidelines regarding a person's criminal background, and most companies perform background checks before hiring an employee. Having a criminal record **WILL NOT** disqualify you from NOVA but may limit your chosen choices. Only the Licensing Board can tell you if you will be allowed to work in your chosen career. If you never have been arrested please skip this question. **If you know or think you might have a conviction on your record,** you must find out if you are eligible to work in your chosen career field. You will need to get a copy of your Criminal Background to work in your chosen field. Keep notes on who you talk to and let us know what you find out about your eligibility.

NOTES:

NOVA

WORKFORCE INSTITUTE OF NORTHEAST LOUISIANA

RELEASE OF INFORMATION CONFIDENTIALITY AGREEMENT

I hereby give NOVA authority to release any information for the purpose of assisting me in Workforce Development Program. Program activities include, but are not limited to Job Search, Job Readiness, Job Retention, Case Management, Counseling, Education and Training or Supportive services necessary for employment and training.

I understand that the information provided in this application to any organization by NOVA is confidential and may only be disclosed to parties which have been authorized by NOVA to assist me with Job Training and/or Employment.

My signature below indicates that I understand and agree with the contentions of this statement.

_____ (PRINT)

First **Middle** **Last**

_____

Signature of Participant

XXX – XX-_____

Social Security Number_ Last 4-digits Only

_____

Date of Signature

_____

Initials/Date: Intake Representative