

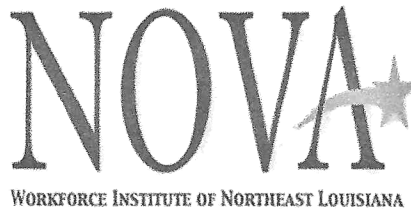


CHECKLIST

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

Case Manager:



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

Case Manager:

Career Readiness / Job Placement

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

Case Manager:

Career Readiness / Job Placement

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) Yes No
_____	_____	_____ to _____	_____	Yes No
_____	_____	_____ to _____	_____	Yes No
_____	_____	_____ to _____	_____	Yes No
_____	_____	_____ to _____	_____	Yes No

The information regarding race, ethnicity, and sex designation solicited on this 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, familial status, age, and disability are complied 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.

- ---
- ---
- ---
- ---

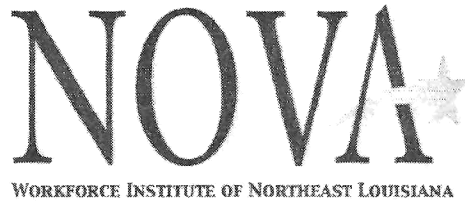
4. Please describe the working conditions for your inside or outside career (will you be working days or nights, sitting, or on your feet, working with people or alone, etc.). Will any of the conditions challenge you? Why?

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?

NOTES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



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.

First Middle Last (PRINT)

Signature of Participant

XXX - XX -
Social Security Number_ Last 4-digits Only

Date of Signature

Initials/Date: Intake Representative