

CONNECT! #

02 Social Security #

Date		05 Last Name			06 First Name / Middle			
07 Address (Residence or Mailing)				City / State			08 ZIP	
09 Phone				Email Address				
14 Citizen 1. Yes 2. No		15 Alien Doc #		16 Gender 1. Female 2. Male	17 Birthdate	18 Age	20 Selective Service Registration 1. Yes, Registered 2. No, Not Registered 3. Exempt from registration 4. Not Required	
14b Eligibility to Work 1. Yes 2. No		Expiration Date						
21 Race (select one or more)					42 Disabled		1. Yes, Major 2. Yes, Substantial 3. No	
AA Asian Indian AJ Samoan					43 Limited English		1. Yes 2. No	
AB Cambodian AK Vietnamese					46 Offender		1. Yes 2. No 3. Not Applicable	
AC Chinese AL Other Asian/Pacific Island								
AD Filipino AO Other Asian								
AE Guamanian BL Black – Not Hispanic								
AF Hawaiian HI Hispanic								
AG Japanese NA American Indian/Alaskan Native								
AH Korean WH White – Not Hispanic								
AI Laotian								
24 Migrant Seasonal Farm Worker				1. Yes 2. No		51 Family TANF		1. Yes 2. No
38 Rapid Response				1. Yes 2. No		52 Family GA		1. Yes 2. No
39 Rapid Response – Additional Response				1. Yes 2. No				
53 Family RCA		54 Family SSI	55 Family Food Stamps		56 Number in Family	57 Number of Dependents under the Age 18	58 Family Status	
1. Yes 2. No		1. Yes 2. No	1. Yes, Eligible 2. Yes, Receiving 3. No				1. Parent in one-parent family 2. Parent in two parent family 3. Other family member 4. Not a family member 5. Not reported	
59 Family Income (Prior 6 mos)		60 Low Income	62 Homeless		64 Unemployment Insurance		65 Veteran Status	
		1. Yes 2. No	1. Yes 2. No 9. Not Applicable		1. Yes, UI Claimant 2. Yes, UI Exhausted 3. No		1. Yes, <= 180 days 2. Yes, > 180 days 3. No	
STOP HERE								
66 Disabled Veteran		67 Recently Separated Veteran		68 Veteran Separation Date		69 Spouse of Qualifying Veteran	70 Campaign Veteran	
1. Yes 2. Yes, Special disabled 3. No		1. Yes 2. No				1. Yes 2. No	1. Vietnam-era 2. Other Campaign Veteran 3. No	
71 Highest Grade Completed	84 Referred By WPRS (IAW Profiling)		85 Dislocated Worker			86 Dislocation Date	90 Tenure at Employer of Dislocation (months)	
	1. Yes 2. No		1. Terminated or Laid off 2. Received Notice of Layoff 3. Long Term Unemployed 4. Self Employed 5. Displaced Homemaker 9. Not Applicable					
91 Employer Number		92 Employer Name			Employer Address			
Employer City				Employer State / ZIP		Employer Telephone ()		
94 Eligibility								
A Adult WIA	B Adult Low Income		D Dislocated Worker		H Veteran Grant		X Not Eligible	

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client		Date	
Signature of Interviewer		93 Interviewer ID	Date
Signature of Reviewer		94 Reviewer ID	Date
Remarks:			

How did you hear about us?

If a line is provided, please provide specific source of the referral.

- Word-of-mouth
- Referred by agency _____
- NOVA website
- CONNECT! website
- Other website _____
- Employer _____
- Community Event _____
- Direct mail _____
- Telephone book
- Radio / Television _____
- Publication _____
- Other _____

Work History Summary Sheet

Please bring to your Registration and Welcome Appointments

NAME _____
Last
First

CONNECT # _____

EDUCATION:

Highest Grade Completed: _____

Degrees, Certificates, Licenses, Other: _____

EMPLOYMENT HISTORY: Please list your last few jobs, starting with your most recent job:

Name of Company	Employment Dates Beginning Ending	Job Title	Last Salary	Reason for Leaving
	__/__/__ - __/__/__			
	__/__/__ - __/__/__			
	__/__/__ - __/__/__			
	__/__/__ - __/__/__			

OCCUPATIONAL INTERESTS: Please let us know what job or jobs you are interested in.

Job Title	How many years of experience do you have in this job?	Minimum Salary You Require

What services are you seeking from NOVA?

Registration Staff to complete for Welcome appointment

Date Reg Completed:	Reg Staff:	Program Eligibility: <input type="checkbox"/> Adult <input type="checkbox"/> Adult Low Income <input type="checkbox"/> Dislocated Worker
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