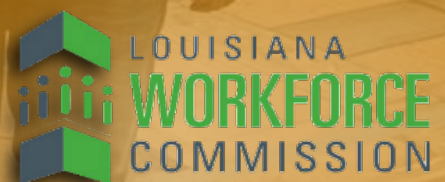


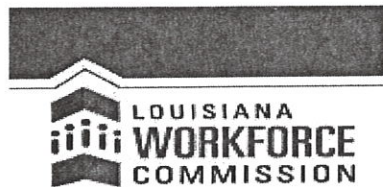
2018 NOVAC + LWC Film Industry Job Training

NOVAC IS THRILLED TO PARTNER WITH THE LOUISIANA WORKFORCE COMMISSION TO PROVIDE FILM INDUSTRY WORKFORCE TRAINING OPPORTUNITIES FOR LOUISIANA RESIDENTS.

WE ARE LOOKING TO CREATE A COHORT OF 30 RESIDENTS FROM THE GREATER NEW ORLEANS METRO AREA TO GO THROUGH ENTRY LEVEL AND DEPARTMENT SPECIFIC FILM INDUSTRY TRAINING, WITH THE GOAL OF PLACEMENTS IN FILM INDUSTRY JOBS AND CAREERS. IF YOU ARE A RESIDENT AND INTERESTED IN WORKING IN THE FAST-PACED, HIGH-WAGE FILM INDUSTRY, THE NEXT STEP IS TO COMPLETE THE ELIGIBILITY PAPERWORK AND CONNECT WITH A LOUISIANA WORKFORCE COMMISSION CENTER.

FOR MORE INFORMATION AND
TO DOWNLOAD THE ELIGIBILITY
PAPERWORK, PLEASE VISIT
NOVACVIDEO.ORG





americanjobcenter

St. Charles Parish

737 Paul Maillard Rd. Suite 2A
Luling, LA 70070
985-783-5030

St. John the Baptist Parish

975 Cambridge Dr.
La Place, LA 70068
985-652-3471

St. James Parish

2631 HWY 20 West
Vacherie, LA 70090
225-562-2456 / 225-265-4160

Eligibility Documentation Checklist

All documents must be brought with the application in order to start the WIA process. (Original Documents Only).

Return by _____

- _____ Driver's License, State issued ID, or School ID for applicant only
- _____ Birth Certificate (Applicant)
- _____ Birth Certificate for all Household Members or Food Stamp/TANF Award Letter
- _____ Social Security Card for all Household Members
- _____ Income for the past **6 months** for every Household Member
Acceptable documents include:
 - Check Stubs
 - Public Assistance Award Letter
 - Divorce decree for Child Support, Alimony
 - Current print out from Social Security Office for SSI, Social Security
 - Veteran's award letter for disability, retirement
 - Retirement, pension statements from company
 - Child support award letter
 - If self employed, Quarterly Estimated Taxes (Schedule C)
- _____ Selective Service Registration for males 18 and older
If you do not have documentation this office can obtain verification through the website
Not Registered? You can register on the Selective Service System Website, www.sss.gov free of charge
- _____ FAFSA Confirmation Sheet or Award Letter (www.fafsa.ed.gov)
- _____ School Information
 - Tuition receipts, or financial statement from school
 - Entrance test results from school (COMPASS/ACT)
 - School class schedule
 - Most recent report card, or transcript
 - High School Diploma
 - GED Certificate
 - Any credential on completion of course study



1001 North 23rd Street
Post Office Box 94094
Baton Rouge, LA 70804-9094

(O) 225-342-4016
(F) 225-342-5801
www.laworks.net

RIVER PARISH BUSINESS & CAREER SOLUTIONS CENTER

WORKFORCE DEVELOPMENT ENROLLMENT FORM – THIS WILL REGISTER YOU IN THE LOUISIANA WORKFORCE COMMISSION'S VIRTUAL ONE STOP SYSTEM. YOU MAY SEARCH JOBS, POST YOUR RESUME FOR EMPLOYERS TO REVIEW, EXPLORE CAREER OPTIONS, AND MATCH YOUR SKILLS AND INTERESTS TO CAREERS AND ACCESS RELEVANT WORKFORCE INFORMATION IN YOUR AREA. ALL INFORMATION IS CONFIDENTIAL.

PROGRAM:

WIOA ADULT/DISLOCATED WORKER

ARRA ADULT/DISLOCATED WORKER

USER ID (3-20 CHARACTERS): _____ PASSWORD (8-16 CHARACTERS) _____

YOU WILL NEED YOUR USER ID AND PASSWORD FOR ALL FUTURE ACTIVITIES IN THIS SYSTEM. (THE PASSWORD MUST BE A MINIMUM OF 8 CHARACTERS WITH 1 UPPER CASE LETTER AND 1 NUMBER.)

PERSONAL INFORMATION: THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL REPORTING AND IS KEPT STRICTLY CONFIDENTIAL. IF YOU WOULD LIKE ADDITIONAL INFORMATION YOU CAN REVIEW OUR PRIVACY STATEMENT AT WWW.LAWORKS.NET.

SOCIAL SECURITY # _____

NAME: _____
LAST NAME(including suffix e.g.Jr, Sr, etc) FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP CODE

PRIMARY PHONE#: () _____ TYPE:(circle one) HOME CELL WORK RELATIVE OTHER

ALTERNATE PHONE#: () _____ TYPE: (circle one) HOME CELL WORK RELATIVE OTHER

EMAIL ADDRESS: _____

ALTERNATE CONTACT:

() _____
CONTACT NAME PHONE NUMBER RELATIONSHIP

DATE OF BIRTH (EX: MM/DD/YY): _____ AGE: _____ GENDER: (circle one) MALE FEMALE

YOUR HIGHEST EDUCATION LEVEL ACHIEVED:

<input type="checkbox"/> DOCTORATE OR MASTERS DEGREE OR EQUIVALENT	<input type="checkbox"/> BACHELOR'S DEGREE OR EQUIVALENT
<input type="checkbox"/> ASSOCIATES DEGREE OR EQUIVALENT	<input type="checkbox"/> VOCATIONAL SCHOOL CERTIFICATE OR EQUIVALENT
<input type="checkbox"/> SOME COLLEGE, TECHNICAL OR VOCATIONAL SCHOOL	<input type="checkbox"/> GENERAL EQUIVALENCY DEGREE (GED)
<input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> LESS THAN HIGH SCHOOL _____

(HIGHEST GRADE LEVEL COMPLETED)

ARE YOU ATTENDING SCHOOL?

<input type="checkbox"/> NO, NOT ATTENDING ANY SCHOOL	<input type="checkbox"/> YES, ATTENDING HIGH SCHOOL
<input type="checkbox"/> YES, ATTENDING AN ALTERNATIVE HIGH SCHOOL	<input type="checkbox"/> YES, ATTENDING COLLEGE, TECH/VOCATIONAL SCHOOL

DO YOU HAVE A SUBSTANTIAL DISABILITY (OPTIONAL)? ☐ YES ☐ NO ☐ NOT SPECIFIED

HAVE YOU REGISTERED FOR SELECTIVE SERVICE? (ANY MALE AGE 18 AT TIME OF APPLICATION MUST REGISTER.)
☐ YES ☐ NO ☐ EXEMPT FROM REGISTRATION

ARE YOU A VETERAN? ☐ YES (COMPLETE VETERANS ONLY SECTION) ☐ NO

***** **VETERANS ONLY** *****

ARE YOU WITHIN 24 MONTHS OF RETIREMENT OR 12 MONTHS OF DISCHARGE FROM THE MILITARY (TRANSITIONING SERVICE MEMBER)?
☐ YES ☐ NO

HAVE YOU BEEN DISCHARGED FROM THE MILITARY HAVING SERVED ON ACTIVE DUTY FOR 180 DAYS, OR RECEIVED A MILITARY CAMPAIGN BADGE (I.E. DESERT STORM), OR BEEN MEDICALLY RETIRED PRIOR TO COMPLETING 180 DAYS OF SERVICE? ☐ YES ☐ NO

ARE YOU THE SPOUSE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY OR DIED WHILE ON ACTIVE DUTY? ☐ YES ☐ NO

DATES OF SERVICE? (MM/DD/YY) FROM: _____ **TO:** _____

RECENTLY SEPARATED VETERAN (WITHIN 3 YEARS): ☐ YES ☐ NO
RECEIVED OR ELIGIBLE FOR A MILITARY CAMPAIGN BADGE: ☐ YES ☐ NO

BRANCH OF SERVICE: _____

TYPE OF DISCHARGE RECEIVED: ☐ HONORABLE ☐ UNDER HONORABLE CONDITIONS (GENERAL)
☐ UNDER OTHER THAN HONORABLE CONDITIONS ☐ BAD CONDUCT ☐ DISHONORABLE

DISABLED VETERAN: ☐ YES, DISABLED ☐ YES, SPECIAL DISABLED (GREATER THAN 30%) ☐ NO

DISABILITY PERCENTAGE: _____ **HOMELESS VETERAN:** ☐ YES ☐ NO

ARE YOU AUTHORIZED TO WORK IN THE U.S. (CITIZENSHIP): ☐ U.S. CITIZEN/NATURALIZED
☐ LAWFULLY ADMITTED ALIEN/REFUGEE ☐ PERMANENT RESIDENT ☐ NO

CURRENT EMPLOYMENT STATUS: ☐ EMPLOYED FULL-TIME ☐ EMPLOYED PART-TIME
☐ NOT WORKING ☐ NEVER WORKED

WORK HISTORY - LIST YOUR MOST RECENT JOB FIRST

EMPLOYER: _____ **JOB TITLE:** _____

EMPLOYER ADDRESS: _____
STREET CITY STATE ZIP CODE

DATES: FROM: _____ TO: _____

JOB DUTIES: _____

WAGES/SALARY: _____ **HOURS PER WEEK:** _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **JOB TITLE:** _____

EMPLOYER ADDRESS: _____
STREET CITY STATE ZIP CODE

DATES: FROM: _____ TO: _____

JOB DUTIES: _____

WAGES/SALARY: _____ **HOURS PER WEEK:** _____ **REASON FOR LEAVING:** _____

HAVE YOU RECEIVED A TERMINATION OR LAYOFF NOTICE FROM YOUR LAST JOB?

☐ YES ☐ NO

ARE YOU RECEIVING UNEMPLOYMENT INSURANCE? ☐ NOT APPLICABLE ☐ ELIGIBLE CLAIMANT
☐ EXHAUSTEE

ETHNIC ORIGIN:

ARE YOU OF HISPANIC OR LATINO HERITAGE? ☐ YES ☐ NO ☐ INFORMATION NOT PROVIDED

RACE - PLEASE CHECK ALL THAT APPLY:

☐ WHITE ☐ AFRICAN AMERICAN/BLACK ☐ INFORMATION NOT PROVIDED
☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN ☐ HAWAIIAN/OTHER PACIFIC ISLANDER ☐ OTHER

SECTION II - ONLY TO BE COMPLETED BY INDIVIDUALS ENROLLING IN INTENSIVE SERVICES OR TRAINING
(ANSWERING THESE QUESTIONS DOES NOT AFFECT ELIGIBILITY FOR ANY PROGRAM BUT MAY HELP US PROVIDE ADDITIONAL ASSISTANCE/SERVICES)

BARRIERS TO EMPLOYMENT:

IS ENGLISH YOUR SECOND LANGUAGE? ☐ YES ☐ NO
ARE YOU A SINGLE PARENT? ☐ YES ☐ NO
ARE YOU HOMELESS? ☐ YES ☐ NO
ARE YOU A RUNAWAY? ☐ YES ☐ NO
ARE YOU AN OFFENDER? ☐ YES ☐ NO
ARE YOU PREGNANT OR PARENTING? ☐ YES ☐ NO
ARE YOU IN FOSTER CARE? ☐ YES ☐ NO
DO YOU HAVE A POOR WORK HISTORY? (I HAVE CHANGED JOBS 3 TIMES IN THE LAST YEAR)? ☐ YES ☐ NO
DO YOU LACK TRANSPORTATION? ☐ YES ☐ NO
DO YOU LACK CHILDCARE? ☐ YES ☐ NO
ARE YOU WITHOUT HEALTH CARE BENEFITS? ☐ YES ☐ NO
IS YOUR PAST WORK IN A DECLINING OCCUPATION OR INDUSTRY? ☐ YES ☐ NO
DOES YOUR JOB LACK OPPORTUNITY TO ADVANCE OR HAVE AN INCREASE IN WAGES? ☐ YES ☐ NO
BASIC SKILLS DEFICIENT (COMPLETED BY STAFF) ☐ YES ☐ NO
LWIA DEFINED: _____

PUBLIC ASSISTANCE:

ARE YOU RECEIVING TANF? ☐ YES ☐ NO
ARE YOU A HOUSEHOLD RECEIVING FOOD STAMPS? ☐ YES ☐ NO
ARE YOU RECEIVING SUPPLEMENTAL SECURITY INCOME? ☐ YES ☐ NO
ARE YOU RECEIVING, OR WILL YOU BE RECEIVING ANY PELL GRANTS? ☐ YES ☐ NO

INCOME INFORMATION:

DUE TO THE INDIVIDUAL'S DISABILITY DO THEY QUALIFY AS A FAMILY OF 1? ☐ YES ☐ NO
WHAT IS YOUR FAMILY SIZE? (INCLUDE ONLY THOSE MEMBERS RESIDING IN THE SAME HOUSEHOLD) _____

LIST ALL FAMILY MEMBERS WHO ARE CURRENTLY LIVING IN YOUR HOUSEHOLD. (INCLUDE SOCIAL SECURITY # AND ALL INCOME)

NAME	AGE	RELATIONSHIP TO YOU	SOCIAL SECURITY #	MONTHLY GROSS INCOME	SOURCE

WHAT IS YOUR ANNUALIZED FAMILY INCOME? (ENTER AS WHOLE DOLLAR VALUE (i.e. \$99,999) _____
(GROSS INCOME BEFORE TAXES)

WHAT IS YOUR ACTUAL LAYOFF DATE? (IF DATE IS IN THE FUTURE, LEAVE BLANK): _____

PRINT APPLICANT NAME: _____

SECTION IV: (To be completed by local business and career solution's staff only)

APPLICATION DATE: _____ DATE OF ELIGIBILITY CERTIFICATION: _____

LWIA # _____ OFFICE LOCATION OF RESPONSIBILITY: _____

STAFF NAME: _____

WORKFORCE DEVELOPMENT ENROLLMENT FORM SIGNATURES

APPLICANT CERTIFICATION STATEMENT:

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY WILLFUL MISSTATEMENT OF THE FACTS MAY CAUSE MY FORFEITURE OF RIGHTS IN THE WIA/NEG/ARRA, OR ANY NAMED PROGRAM AND MAY RESULT IN CRIMINAL ACTION. I GIVE MY PERMISSION FOR OUTSIDE SOURCES TO BE CONTACTED AND FOR THEM TO DISCLOSE ANY INFORMATION NECESSARY TO VERIFY MY ELIGIBILITY FOR THESE PROGRAMS. I FURTHER UNDERSTAND AND AGREE THAT MY SOCIAL SECURITY NUMBER AND OTHER INFORMATION ON THIS APPLICATION WILL BE PROVIDED TO OTHER GOVERNMENT AGENCIES IF REQUIRED BY LAW.

APPLICANT'S SIGNATURE DATE

PARENT/GUARDIAN'S SIGNATURE DATE

STAFF SIGNATURE DATE

LWIA AND OFFICE

CONSENT TO RELEASE:

I _____ GIVE THE LOUISIANA WORKFORCE COMMISSION (LWC) PERMISSION TO GATHER AND SHARE INFORMATION (ORAL AND WRITTEN) PERTAINING TO ME, RELATIVE TO THE DESIGN, DELIVERY AND RECEIPT OF VOCATIONAL SERVICES. I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER CONFIDENTIALITY LAWS AND INFORMATION ABOUT MY FAMILY OR ME CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT. I AUTHORIZE EMPLOYEES AND REPRESENTATIVES OF THE LWC TO GAIN ACCESS TO ANY AND ALL CONFIDENTIAL FILES ABOUT MYSELF AND/OR FAMILY WHICH MAY BE IN THE POSSESSION OF THE LOUISIANA DEPARTMENT OF SOCIAL SERVICES (LDSS) OR ANY OTHER RELATED PARTY, INCLUDING THE AGENCY WHICH REFERRED ME TO THE LWC ALSO MAKE THE SAME CONSENT FOR EXCHANGE OF INFORMATION WITH ANY TRAINING INSTITUTE I AM ENROLLED IN THROUGH THE LWC, AND MY EMPLOYER. THIS CONSENT WILL INCLUDE INFORMATION PLACED IN MY RECORDS AFTER THE DATE SIGNED BELOW.

THIS CONSENT WILL REMAIN IN EFFECT FOR THE PERIOD OF MY PARTICIPATION WITH THE LWC. CONSENT MAY BE TERMINATED AT ANY TIME UPON RECEIPT OF A WRITTEN NOTICE OF TERMINATION FROM THE WORKFORCE DEVELOPMENT PROGRAM.

SIGNATURE FOR CONFIRMATION:

I UNDERSTAND THAT THE INFORMATION OBTAINED, GATHERED, DISCUSSED, AND SHARED IS TO ASSIST ME WITH ATTAINING MY VOCATIONAL GOALS. I FURTHER UNDERSTAND THAT SUCH ACTIONS ARE PART OF THE DEVELOPMENT, DESIGN, AND DELIVERY OF VOCATIONAL SERVICES AS A PARTICIPATION OF THE LWC WORKFORCE DEVELOPMENT PROGRAM. I HEREBY CERTIFY THAT I UNDERSTAND THIS CONSENT AND THAT I HAVE SIGNED IT OF MY OWN FREE WILL.

APPLICANT'S SIGNATURE DATE

PARENT/GUARDIAN'S SIGNATURE DATE

STAFF SIGNATURE DATE

Work History (DETAIL WORK HISTORY, MOST CURRENT JOB FIRST)

EMPLOYERS NAME _____
Address _____ City _____ State _____ Zip _____
Job Title _____ Date Started _____ Date Left _____
Hrs/Week _____ Reason for Separation _____

EMPLOYERS NAME _____
Address _____ City _____ State _____ Zip _____
Job Title _____ Date Started _____ Date Left _____
Hrs/Week _____ Reason for Separation _____

EMPLOYERS NAME _____
Address _____ City _____ State _____ Zip _____
Job Title _____ Date Started _____ Date Left _____
Hrs/Week _____ Reason for Separation _____

EMPLOYERS NAME _____
Address _____ City _____ State _____ Zip _____
Job Title _____ Date Started _____ Date Left _____
Hrs/Week _____ Reason for Separation _____

EMPLOYERS NAME _____
Address _____ City _____ State _____ Zip _____
Job Title _____ Date Started _____ Date Left _____
Hrs/Week _____ Reason for Separation _____