



## PROGRAM APPLICATION

Please select and date the program you are applying for below

**q** New Directions (date) \_\_\_\_\_

**q** Individual Career Counseling\* (no dates)    One session    Four sessions

**q** Advanced Career Techniques (ACT)

Resumes Your Way (date) \_\_\_\_\_

Job Search Strategies (date) \_\_\_\_\_

Interviewing Skills and Salary Negotiation (date) \_\_\_\_\_

ACT Package: Resume, Job Search, Interviewing (dates) \_\_\_\_\_

**q** Creating Career Options (date) \_\_\_\_\_

**q** Online Career Development Delivery System (O-CAD)\* (Self-Directed, no dates)

*\*once your application and fee are submitted, a counselor will contact you for an appointment and/or a log-in name and password. Individual Career Counseling includes unlimited access to O-CAD.*

Today's Date \_\_\_\_\_

\*Name \_\_\_\_\_

\*Street \_\_\_\_\_

\*Apt \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Age \_\_\_\_ (optional)

Race \_\_\_\_\_ (optional)    Ethnicity \_\_\_\_\_ (optional)

\*Telephone number(s) at which you can be reached during the daytime:

\_\_\_\_\_

Please indicate work numbers, and may we contact you at work? \_\_\_\_ Yes \_\_\_\_ No

Optional evening number \_\_\_\_\_

Optional other number(s) \_\_\_\_\_

\*required information



Write a brief statement that describes what you most want to change about your work life.

**SECTION TWO: EDUCATIONAL BACKGROUND AND ASPIRATIONS**

Check the one item that best describes your current level of education.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> No schooling       | <input type="checkbox"/> Elementary(K-6 grades) | <input type="checkbox"/> Middle (7-8)   | <input type="checkbox"/> High school diploma |
| <input type="checkbox"/> Some high school   | <input type="checkbox"/> GED                    | <input type="checkbox"/> Some technical | <input type="checkbox"/> Some College        |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> College Graduate       | <input type="checkbox"/> Post Graduate  |  |

Indicate your interest in pursuing additional education or training in the next few years as either H (High), M (Medium), L (Low), or N (None). \_\_\_\_\_

If you are currently enrolled, or have applied and are waiting to enroll in some type of education or training program:

What is the program or course?

What organization sponsors it?

**Verification:**

Have you ever applied to, registered for, or participated in any other program offered by the New Directions Career Center (formerly Center for New Directions)? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, which was the most recent program? About when did you attend?

\_\_\_\_\_

Did you complete that program? \_\_\_\_\_Yes \_\_\_\_\_No

**SECTION THREE: PERSONAL RESOURCES AND NEEDS**

Your answers to the following questions are treated confidentially and will assist us to understand the circumstances that may affect your future employment, as well as to assess (with you) the potential this program has to meet your needs, and the capacity you have to participate fully. Any issues of concern to our staff will be discussed with you, either over the telephone or during an interview to be scheduled at a mutually convenient time. Please provide responses as completely as you are willing. A decision not to reply will not affect your application, however we ask that you mark *no reply*.

**Family Status**

Select the one item that best describes your current marital status. (next page)

- Divorced
- Married
- Married but separated
- Married with a disabled spouse
- Married with a terminally ill spouse
- Single in committed relationship
- Single
- Widowed
- Other: \_\_\_\_\_
- No Reply

**Please indicate your Household Annual Income (check one):**

- Below \$4,999
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,000
- \$60,000 and up
- No Reply

Please identify members of your household who are financially dependent upon you. First, check the category(ies) that applies. Second, state the number of individuals in each category:

Your children, under age 18 (Total= \_\_\_\_\_). Do they live with you?  Yes  No  
Age and sex of each child (please list, example, "10-female")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Spouse/Partner (Total=1)
- Former spouse(s) (Total= \_\_\_\_\_)
- Adult children (Total= \_\_\_\_\_)
- Grandchildren (Total= \_\_\_\_\_)
- Parent(s) (Total= \_\_\_\_\_)
- Grandparent(s) (Total= \_\_\_\_\_)
- Other(s), please explain \_\_\_\_\_ (Total= \_\_\_\_\_)

**Child Care**

If you have dependent children who must be cared for while you attend this program, will you need help:

Arranging for such childcare? \_\_\_\_ Yes \_\_\_\_ Maybe \_\_\_\_ No (Call Action for Children: 224-0222)  
Paying for such childcare? \_\_\_\_ Yes \_\_\_\_ Maybe \_\_\_\_ No

**Transportation**

What means of transportation will you be using to get to the location of this program?

(Check all that apply).

- \_\_\_\_ Dependable car
- \_\_\_\_ Bus (Call COTA, 228-1776 for fares, schedules, and route information).
- \_\_\_\_ Walking
- \_\_\_\_ Don't know
- \_\_\_\_ Other: \_\_\_\_\_

Will you need financial assistance to help pay for your costs of transportation to attend this program?

\_\_\_\_ Yes \_\_\_\_ No

**Living Arrangement**

Do you think that you will be changing your residence sometime between now and the completion of the program to which you are applying? \_\_\_\_ Yes \_\_\_\_ Maybe \_\_\_\_ No

How stable do you think your living arrangements will be during the time you are participating in this program? \_\_\_\_ Very stable \_\_\_\_ Somewhat stable \_\_\_\_ Stable \_\_\_\_ Somewhat unstable \_\_\_\_ Very unstable

**Other Responsibilities and Commitments**

Please list all dates and times scheduled for the program to which you are applying that you would definitely be unable to attend.

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**Language**

Is English a second language for you? \_\_\_\_ Yes \_\_\_\_ No

If Yes, what is your language of origin? \_\_\_\_\_

Are you fluent in the English language? \_\_\_\_\_

**Health and Ability**

Are you bothered by any health conditions that might affect your participation in this program and/or future employment? \_\_\_\_ Yes \_\_\_\_ Maybe \_\_\_\_ No

If Yes, please explain:

How much alcohol do you consume in an average week?  
 0-2 drinks       3-6 drinks       7 or more

Please list any medications that you are currently taking:

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Do you have a physical or mental disability that might affect your participation in this program and/or future employment?  Yes  Maybe  No

If Yes, please explain:

Are you currently experiencing any depression or anxiety?  Yes  No

Have you experienced any suicidal thoughts within the last 6 months?  Yes  No

Have you ever attempted suicide?  Yes  No

(If "yes" please describe when and how)

Have you been having any difficulties with any of the following within the last 6 months?

(Check any that apply)

Over spending money

Relationship Issues

Drugs/Alcohol

Weight gain or loss

Sleep difficulties

Gambling

Anger

Are you currently working with a counselor?  Yes  No

If Yes, does your counselor know that you are applying to this program?  Yes  No

Have you ever been in counseling?  Yes  No

### Social and Societal Issues

Are you experiencing any personal or family problems that might affect your participation in this program?

Yes  Maybe  No

If Yes, please explain:

Have you ever been charged with, or convicted of, a legal offense that might affect your ability to participate in this program and/or future employment?  Yes  Maybe  No

Select the one statement that best describes how you compare your current income to current needs.

My current income more than meets current needs.

My current income does meet current needs.

My current income does not meet current needs.

\_\_\_\_\_ I currently do not need an income to meet current needs.

Make a brief statement about what it is you want to change (if anything) about your income and/or access to fringe benefits. Describe any financial challenges you are experiencing, or anticipate, in meeting expenses associated with the task or seeking employment or obtaining education or training.

### Personal Assessments

Indicate your opinion on each of the following items as either H (High), M (Medium), L (Low), or N (None).

Your current level of self-esteem. \_\_\_\_\_  
Your ability to make decisions. \_\_\_\_\_  
Your level of experience in planning. \_\_\_\_\_  
Your self-confidence. \_\_\_\_\_  
Emotional support available to you from others. \_\_\_\_\_

Briefly describe below why you think you could benefit from this program at this time in your life.

### Other Comments

You are welcome to offer additional information about yourself or your situation that you think is important for us to have as we review your application.

**SECTION FOUR: FEE CALCULATION**

I will need financial assistance for the program.  
 Please complete the yellow financial aid form or request one to be sent to you (849-0028).

**PROGRAM FEES:**

PROGRAM	FEE	YOUR PAYMENT
New Directions	\$250.00	\$
Creating Career Options	\$80.00	\$
ACT (Advanced Career Techniques)		
I. ACT Package (all three courses)	\$80.00	\$
II. Individual Course Topics:		
<i>Resume Your Way</i>	\$30.00	\$
<i>Job Search</i>	\$30.00	\$
<i>Interviewing</i>	\$30.00	\$
Individual Career Counseling	\$50 per session	\$
Online Career Development Delivery System (O-CAD)		
Self-Directed Search	\$25.00	\$
<b>TOTAL DUE</b>		<b>\$</b>

\_\_\_\_\_ Full fee of \$\_\_\_\_\_ enclosed. (NOTE: Maximum due for New Directions is \$250.00)

\_\_\_\_\_ Partial fee of \$\_\_\_\_\_ enclosed and partial sponsor requested\*.

\_\_\_\_\_ check (make check payable to New Directions Career Center) \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard

Credit Card #: \_\_\_\_\_

Card ID Number (3 digit number located on the front or back of your card) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Full fee sponsor requested\*. No fee monies are enclosed.

(\*Reminder: Please include the completed yellow financial aid form with your application if you are requesting financial assistance. Thank you.)

**Please review the following statement and provide your signature below:**

I understand that this application is to be submitted with a fee payment and/or a financial assistance request form by the deadline announced for the program to which I am applying. I further understand that the Policy for Fee Refunds of the New Directions Career Center is **that all but \$25 will be returned to applicants who withdraw with notice before the start date of the program.** A fee will not be refunded to an applicant who withdraws without notice before or after the start date of the program. A partial fee may be refunded to an applicant who withdraws with notice after the start date of the program after a review of what seems fair and reasonable is made by the Director of Programs and Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail your completed Program Application and/or Financial Aid Form to:**  
 New Directions Career Center  
 370 S. Fifth St., Suite G1  
 Columbus, OH 43215