

### Application for NPower's Technology Service Corps

Introduction: This application will help NPower's Technology Service Corps (TSC) staff better understand the people who would like to enter the Corps. It is important that you answer the questions fully and honestly. There is no "right" or "wrong" answers. Your answers will be kept strictly confidential; no one other than TSC staff members will read your application. Misrepresenting information is grounds for dismissal from the Corps.

#### I. Contact Information

Full Name

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Full Address

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City, State, Zip

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Name of your NYC Neighborhood:

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Are you associated with a training program or community organization?  Yes  No  
If yes, which one?

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If no, how did you hear about TSC?

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Home: ( ) Cell Phone: ( ) Work Phone: ( )

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Email Address:

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How do you prefer to be contacted? (Check only one)

Home Phone  Cell Phone  Work phone  Email

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#### II. Personal Information

##### General:

What is your date of birth? (MM/DD/YYYY)

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What is your age today?

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Are you legally able to work in the United States?  Yes  No

**Educational History:**

What is the highest level of education you have completed? (*Check all that apply.*) If you picked degree or college, please check GED or High School Diploma.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> 9 <sup>th</sup>   | <input type="checkbox"/> 10 <sup>th</sup> | <input type="checkbox"/> 11 <sup>th</sup>    | <input type="checkbox"/> 12 <sup>th</sup> |
| <input type="checkbox"/> GED               |   | <input type="checkbox"/> High School Diploma |   |
| <input type="checkbox"/> Vocational Degree |   | <input type="checkbox"/> Some College        |   |
| <input type="checkbox"/> Associates Degree |   | <input type="checkbox"/> Bachelor's Degree   |   |

Do you have any difficulty with English?  Yes  No

Which language are you most comfortable with?  
\_\_\_\_\_

Do you have any difficulty with reading?  Yes  No

If yes, what makes reading difficult for you?  
\_\_\_\_\_

Do you have any difficulty with writing?  Yes  No

If yes, what makes writing difficult for you?  
\_\_\_\_\_

Did you receive any special assistance such as counseling or special education while in school?  Yes  No

If yes, why?  
\_\_\_\_\_

**Parenting:**

Do you have any children?  Yes  No

If so, how many? \_\_\_\_\_ Age(s)? \_\_\_\_\_

Do your children live with you?  Yes  No

If yes, please describe available day care-options?  
\_\_\_\_\_

Are you a single parent?  Yes  No

**Household:**

How many people live in your household?  
\_\_\_\_\_

What is your annual household income?  
\_\_\_\_\_

Are you the head of the household?  
\_\_\_\_\_

Do you currently live with (choose only one):  Parent  Guardian  Alone  Other

**Benefits:**

Please check all that apply:

Are you currently receiving or applying for any of the following benefits?

Benefits	Yes	No
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>
PC Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
SSI or SSD	<input type="checkbox"/>	<input type="checkbox"/>
Family Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Safety Net	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Voucher	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Subsidies	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing/Subsidies	<input type="checkbox"/>	<input type="checkbox"/>
VESID	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If receiving public assistance, please provide case number:

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**Health:**

Please check all that apply:

Are you currently receiving or applying for any of the following health insurance benefits?

Insurance	Yes	No
Family Health Plus	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Child Health Plus	<input type="checkbox"/>	<input type="checkbox"/>
Private	<input type="checkbox"/>	<input type="checkbox"/>
Fedelis	<input type="checkbox"/>	<input type="checkbox"/>
911 Temporary Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently have any of the following situations affecting your life?

Situations	Yes	No
Temporary Disability	<input type="checkbox"/>	<input type="checkbox"/>
Work related injury	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Vision/Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Are you taking prescribed or non-prescribed medications?  Yes  No

If so, complete the table below:

Name of Medication	Dosage	Frequency

**Mental Health:**

Has any of the following feelings caused you difficulty in your everyday life?

Feeling	Yes	No
Anger	<input type="checkbox"/>	<input type="checkbox"/>
Sadness	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently in treatment for mental health?  Yes  No

If yes, where?

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Have you ever been in treatment for substance abuse, anger management, etc.?  Yes  No

If yes, when?

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If yes, where?

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**Conviction:** A criminal conviction will not necessarily bar you from admission.

Have you ever been convicted of a felony?  Yes  No

If yes, have you been convicted of a felony in the past 5 years?  Yes  No

What was the offense?  
\_\_\_\_\_

Have you ever committed a misdemeanor offense (other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, trespassing, or disturbing the peace)?  Yes  No

If yes, what was the offense?  
\_\_\_\_\_

Any other offenses?  Yes  No

If yes, what was the offense?  
\_\_\_\_\_

Was violence involved in any of your crimes?  
\_\_\_\_\_

Were any of these charges/crimes related to drug/alcohol abuse or gang related? (Brief explanation)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Status:**  Probation  Parole  Other

### III. Employment History

What is your current employment status? (Check only one)

- |  |  |
|--|--|
| <input type="checkbox"/> Employed full-time                          | <input type="checkbox"/> Unemployed-looking for work         |
| <input type="checkbox"/> Employed part-time                          | <input type="checkbox"/> Not in labor force-student          |
| <input type="checkbox"/> Unemployed-not looking for work             | <input type="checkbox"/> Not in labor force-childcare issues |
| <input type="checkbox"/> Not in labor force-in training              | <input type="checkbox"/> Not in labor force-disabled         |
| <input type="checkbox"/> Not in labor force-other (Reason):<br>_____ |  |

What was the title of your last job? Where did you work?  
\_\_\_\_\_

How long did you work at your last job?  
\_\_\_\_\_

What was your weekly salary at your last job (for example: you worked 20 hours per week for \$6 per hour, weekly salary = \$120)?  
\_\_\_\_\_

Have you ever been fired or let go from a job?  Yes  No

If yes, explain:  
\_\_\_\_\_

**Optional Section:**

Demographic questions (The following questions are voluntary and will be used only for NPower data purposes. Your responses will not be used to determine whether you are admitted to Technology Service Corps. While we appreciate your answers to them, they are not required as part of this application.)

What is your race/ethnicity? (Check only one)

- Alaskan native    Native American    Asian    Pacific Islander    African American    Latino/a  
 Caucasian  
 Other (Please Specify)

What is your sex? (Check only one)

- Male    Female

What is your current weekly income? (Check only one)

- Less than \$100    \$101 to \$250    \$251 to \$400    \$401 to \$550    \$551 to \$700    More than \$700

**IV. Technology Experience**

We would like to know about the technologies you have interacted with. Please answer the following questions according to your actual experiences with the technologies listed. Again, there is no “right” or “wrong” answer.

What experiences have you had with technology?

Have you taken technology class (es)?  Yes    No

If so, what class (es) and where have you taken them?

Do you currently have any technology certifications? (A+, Net+, Cisco, etc)

To what degree do you have experience with the following software programs?

Software Programs	No Experience	Some Ability	Strong Skills
<b>Office Solutions</b>			
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Desktop Publishing</b>			
Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Web</b>			
HTML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JavaScript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FrontPage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreamweaver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Open Source</b>			
Linux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what degree do you have experience with the following hardware technologies?

Hardware Technologies	No Experience	Some Ability	Strong Skills
<b>Desktop Computers</b>			
PC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Networks</b>			
Servers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethernet Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wireless/Handhelds</b>			
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Digital Assistant (PDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Nonprofit Experience**

Have you ever volunteered or participated in community service through your school, church, or community center?

Yes  No

If yes, please describe the organization you were involved with and some activities you did as a volunteer.

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Have you ever participated in any job readiness programs?  Yes  No

If yes, please describe the organization(s) where you attended the job readiness programs and some of the workshops that were held. (for example: Henry Street Settlement-Jet Program-Resume Writing Workshop)

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Select three (3) nonprofit areas you are most interested in working with:

- Arts and Culture (for example: museums, theaters, or dance troupes)
  - Environment (for example: working for clean air or clean water)
  - Legal/Advocacy (for example: voter education or free legal services for families)
  - Civic/Community Development (for example: small business development)
  - Housing/Homelessness (for example: building affordable housing)
  - Education (for example: helping children to read or after-school programs)
  - Health and Human services (for example: hospitals or drug treatment (programs))
  - Other: (Please specify)
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**VI. Availability**

Note: To be considered for TSC, you must be available 9am-1pm or 2pm-6pm Monday through Friday for the 22-week duration of the Corps. Please note there will be some Friday's where you must be available for workshops outside your normal scheduled time but you will be notified.

Are you available part-time (9:00 am to 1:00 pm), Mondays through Fridays, for the 22-week duration of the Corps?

Yes  No

Are you available part-time (2:00 pm to 6:00 pm), Mondays through Fridays, for the 22-week duration of the Corps?

Yes  No

Are you willing to come back to NPower after graduation during that year for advanced technology/professional workshops and alumni activities?

Yes  No

Are you willing to go to Brooklyn for technology training class (4 Metro Tech Center, Gold Street & Myrtle Avenue)?

Yes  No

**VII. Letter of Intent**

Please attach your typed letter of intent on a separate sheet of paper. Your letter should be in **business letter format, double spaced**, and **at least one typewritten page** long. **Handwritten responses will not be accepted.**

Please write a letter in **business letter format** addressing the following:

- 1) Why are you interested in participating in our Technology Service Corps?
- 2) What do you enjoy most about technology?
- 3) What are your favorite technologies/gadgets? How have they made a difference in your life?
- 4) How do you see technology fitting into your future career plans?
- 5) How do you feel technology can help local communities?

**VIII. Recommendation Letter**

Please include with your application one letter of recommendation from a supervisor or someone you have had a close professional relationship with (not a family member or relative). Letters may also be sent separately via mail, fax, or e-mail to NPower.

**IX. Resume**

Please include with your application a copy of your resume.

**Please return the completed application by fax or mail to:**

**FAX:** ATTN: TSC-Elizabeth Hunt-347-602-4737 **MAIL:** ATTN: NPower-Technology Service Corps, Elizabeth Hunt, 4 MetroTech Center, Ground Floor, Brooklyn, NY 11201

Thank you for applying to NPower's Technology Service Corps. If you have additional questions or comments, you can **contact us: Admissions@NPower.org** or **(347) 415-8830**.

For internal use only:

AppRcvd: \_\_\_\_\_ AppCmplt: Y/N Intv: Y/N TSCAppStatus: \_\_\_\_\_ TSCCL#: \_\_\_\_\_  
TSCSiteLoc: \_\_\_\_\_  
Comm: \_\_\_\_\_