



NORWICH WORKS INTAKE FORM

Norwich Human Services
100 Broadway, Room 212
Norwich, CT 06360

Reyni Joseph
Employment Specialist
rjoseph@cityofnorwich.org
860-823-3778
ext. 3472

Today's date _____

Full name: _____ Pronoun(s): _____

Race: White Black Asian American Indian Other: _____ Hispanic: Y / N

US citizen? Yes / No **Perm Resident?** Yes / No

Current Address: _____

Cell Phone #: ____ - ____ - _____ Email: _____

Select ALL types of employment assistance about which you would like more information:

- General Job Search _____
 - Developing Career Goals _____
 - Industry Connections _____
 - Case Management _____
 - Financial Literacy / Money Management _____
 - Workplace Education / Training _____ If so, where? _____
 - Resume Writing _____
 - Interviewing Skills _____
 - Transportation Assistance _____
 - Job-Related Expenses _____
 - Ex-Offender Job Services _____
- How were you referred to this training program/agency? _____

Education History

School Name	Skills Acquired	Degree	Month & Year

Special Training	Skills Acquired	Certificate	Month & Year

Employment History

Job Title #1: _____ Start Date: _____ End Date: _____
 Company Name: _____ Supervisor: _____ Number: _____
 City, State, Zip: _____
 Duties: _____
 Reason for Leaving: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Job Title #2: _____ Start Date: _____ End Date: _____
 Company Name: _____ Supervisor: _____ Number: _____
 City, State, Zip: _____
 Duties: _____
 Reason for Leaving: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Job Title #3: _____ Start Date: _____ End Date: _____
 Company Name: _____ Supervisor: _____ Number: _____
 City, State, Zip: _____
 Duties: _____
 Reason for Leaving: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Employment Availability

When are you available to start work? _____ What is your desired salary? _____

Are you authorized to work in the USA? YES _____ NO _____

List any accommodations you may need at work: _____

Circle your work availability:

Full-Time Part-Time Seasonal Temp On-Call
 Weekdays: M T W R F Weekends Third Shift Overnights

Barriers to Work

Do you have a resume? YES _____ NO _____

If no, would you like help creating one? YES _____ NO _____

Do you have transportation concerns? YES _____ NO _____

If so, please explain: _____

Are you in need of a cell phone? YES _____ NO _____

If so, please explain: _____

Do you have childcare concerns? YES _____ NO _____

If so, please explain: _____

Have you worked with the American Job Center or CTHires? YES _____ NO _____

Do you have an arrest record? Y / N Charge/Year: _____

Charge/Year: _____ Charge/Year: _____

If unemployed, have you filed for unemployment compensation? YES _____ NO _____

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES	
Employment	\$	Rent/Mortgage:	\$
Unemployment	\$	Utilities/Fuel:	\$
Social Security	\$	Food:	\$
SSI / SSDI:	\$	Telephone:	\$
SAGA Cash:	\$	WiFi/Cable:	\$
State Supplement:	\$	Auto Payment:	\$
Child Support:	\$	Auto Insurance:	\$
WIC:	\$	Childcare:	\$
TANF/TFA:	\$	Child Support:	\$
SNAP:	\$	Other:	\$
VA Benefits:	\$	Credit Card(s):	\$
Pension:	\$	Rent-A-Center:	\$
Other:	\$	Cigar / Tobacco:	\$
TOTAL:	\$	TOTAL:	\$

I, _____ (DOB _____, SSN _____ - _____ - _____), authorize Norwich Human Services to contact State DSS for purposes of clarification of benefits and/or advocacy on my behalf. This release will expire one year from date below.

Signature

Date: