

JOBS JOBS JOBS JOBS

It's time to get started!

Enclosed is the Intake Form for Washington Village and other job opportunities. Please fill out and return the intake form to the address specified on the form *as soon as possible*.

JOBS JOBS JOBS JOBS



CNI Construction Intake Form

<p>Complete the following information to the best of your ability. Bring this completed form to the office at Smilow Life Center, Choice Neighborhoods Initiative, 55 Chestnut St, Norwalk CT 06854</p> <p>Forms may also be submitted via email to: lroger@norwalkha.org or mailed to: Smilow Life Center, Choice Neighborhoods Initiative, 55 Chestnut Street, Norwalk CT 06854</p>	<div style="background-color: black; color: white; text-align: center; padding: 2px;">For Office Use Only</div> Enrollment Date: _____
Date: _____	Intake Staff Member: _____
First/Last Name: _____	Sec 3 ___ MW/BE ___
Address: _____	
City/State/Zip: _____	Case Manager (if applicable): _____
MI: _____ Date Of Birth: _____	Are you a Migrant Worker: No Yes
Veteran: No Yes, type of discharge _____	Home: _____
Dates: _____ to _____	Cell: _____

Education & Transportation Information

List last grade completed in school and the year it was completed: Grade _____ Year _____	Vehicle Available: Yes No
I have a: High School Diploma GED HSED	Driver's License: Yes No State _____ If no, explain: If yes, expiration Date: _____
List any vocational/college training you have had:	Other Transportation Available: Yes No
1. Course/Major _____ Dates: _____ Location: _____	If Yes, Explain: _____
2. Course/Major _____ Dates: _____ Location: _____	I'm willing/able to travel _____ miles to a job.

Employment Search Information:

The kind of job I want is: _____	I am available to work:
The last time I looked for a job was: _____	Mon: _____ Tue: _____ Wed: _____
I have a current resume: Yes No	Thu: _____ Fri: _____ Sat: _____
	Sun: _____

Skills and Abilities:

List any certifications/licenses you have: (CDL, CNA, PCW, etc.) 1. _____ Date received: _____ 2. _____ Date received: _____ 3. _____ Date received: _____	List any other languages you know: 1. _____ Speak Write 2. _____ Speak Write
	Do you type: No Yes – words per minute: _____
	Familiar with computers: No Yes
List any equipment you can use:	Software applications I know:

Employment History: (list most recent employment first)

Employer: _____	Employer: _____	Employer: _____
Location (city): _____	Location (city): _____	Location (city): _____
Position: _____	Position: _____	Position: _____
Pay: _____ Hrs/wk: _____	Pay: _____ Hrs/wk: _____	Pay: _____ Hrs/wk: _____
Health Insurance: Yes No	Health Insurance: Yes No	Health Insurance: Yes No
Other Benefits: Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits	Other Benefits: Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits	Other Benefits: Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving: _____	Reason for leaving: _____	Reason for leaving: _____
Dates: _____ to _____	Dates: _____ to _____	Dates: _____ to _____

Barriers: Please identify any barriers you or a family member has that is interfering with you getting/keeping a job:

Barriers	Person with Barrier	When did it start?	Has it been verified by a Doctor, counselor, etc.?
			No Yes, by:
			No Yes, by:
			No Yes, by:

Other Agency Involvement: Please identify any agencies you or family member(s) are working with:

Name of Agency	Who is involved with the agency	Why?

Other Information

List any questions you have:



RESIDENT EMPLOYMENT OPPORTUNITY DATA

NORWALK HOUSING AUTHORITY

ELIGIBILITY FOR PREFERENCE

Eligibility for Preference

A Section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

Self-Certification for Resident Seeking Section 3 Preference in Training and Employment

I, _____, am a legal resident of the Norwalk Housing Authority or

Bridgeport-Stamford-Norwalk Metro Area and meet the income eligibility guidelines for a low- or very-low-income person as published on the reverse. The Bridgeport-Stamford-Norwalk Metro Area includes Fairfield County, CT towns of Bridgeport, Easton, Fairfield, Monroe, Shelton, Stratford, Trumbull, Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, Ridgefield, Sherman, Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport and Wilton.

My permanent address is: _____

Signature _____

Print Name _____ Date _____

Self-Certification of Section 3 Eligibility and Income Limits

Section 3 is a law that provides a hiring preference to low-income persons who are qualified applicants for positions that are funded by HUD. All residents of public housing developments of the Norwalk Housing Authority qualify as Section 3 applicants. Additionally, individuals residing in the Bridgeport-Stamford-Norwalk Metro Area who meet the income limits in Categories 1 or 2 below, can also qualify for Section 3 status.

Number in Household	Category 1 Yearly Income	Category 2 Yearly Income	Category 3 Yearly Income
1 individual	\$46,000 or under	\$46,000 - \$58,000	Over \$58,000
2 individuals	\$52,550 or under	\$52,550 - \$66,250	Over \$66,250
3 individuals	\$59,100 or under	\$59,100 - \$74,550	Over \$74,550
4 individuals	\$65,650 or under	\$65,650 - \$82,800	Over \$82,800
5 individuals	\$70,950 or under	\$70,950 - \$89,450	Over \$89,450
6 individuals	\$76,200 or under	\$76,200 - \$96,050	Over \$96,050
7 individuals	\$81,450 or under	\$81,450 - \$102,700	Over \$102,700
8 individuals	\$86,700 or under	\$86,700 - \$109,300	Over \$109,300

! Based upon HUD FY2016 Income Limit for Stamford – Norwalk, CT HUD Metro FMR Area

A picture identification card and proof of current residency is required.

Self-certification is subject to verification of eligibility. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, evidence of participation in a public assistance program, or verification of income tax filing.)

Name: _____

Address: _____

Please check one: applicant newly hired Position: _____

Please check one of the following:

- I am claiming the hiring preference based on my combined family income.
- I am claiming Section 3 eligibility after hiring.
- I am not Section 3 eligible.
- I decline to declare this information at this time.
- I am not sure in which category my family belongs.

Signature: _____ Date: _____

NHA Self-Certification Resident S3 Form – Rev: 01/11/2017



Choice Neighborhoods Initiative,
149 Water Street, 2nd Floor, Norwalk, CT 06854

Date: _____

Name _____ E-Mail _____

Address: _____ Phone: _____

City/State/Zip _____

Work Skills (Please check all areas in which you have work experience)

Construction / Services

- General Construction/Framing/Carpentry
- Electrical
- Heating & Plumbing
- Janitorial
- Lawn Care / Snow Removal

- Painting & Drywall
- Paving/Roadways
- Carpet / Flooring Installation
- Other _____

- General Labor
- Landscaping

Education (Please check all education and training you have received)

- Youthbuild
- High School / GED
- Some college
- Certificate / Special Training _____
- OSHA 10 Certification
- Other _____

- Associate degree _____
- Bachelor's degree _____
- Master's degree _____
- Professional degree _____
- Other degree _____

Driver's License: Yes No State _____ || If yes, expiration Date: _____

If no, explain: _____

Please provide any additional information such as prior experience, work history, special training, certifications

Please either return this form and the Resident Eligibility for Preference form (complete both sides) to CNI's central office or mail to: **Smilow Life Center**

Choice Neighborhoods Initiative, 55 Chestnut Street, Norwalk CT 06854

Attention: Lisa Roger or email to: lroger@norwalkha.org. Include resume if available.

If you have questions, please contact Lisa Roger at (203) 838-8471 X188. Additional forms may be obtained from NHA or may be copied and shared with other household members.