



## Career Connect Check List / Documentation

### Proof of citizenship:

- birth certificate, passport, alien card (front and back), naturalization certificate
- **Social Security card** (must be signed), photo ID with current address, current license or state ID/ current bill with recent address
- **State ID** \_\_\_\_\_
- **Proof of birth and citizenship:** birth certificate  
naturalization certificate
- **Selective service** (males only) if you are not registered, please request acknowledgement letter calling 1-888-655-1825
- **Veteran DD214 VA record print out**

### Family size : husband wife and Dependent

- children living in the same household birth certificates, marriage certificate.
- **Number of people in family** \_\_\_\_\_

cash public assistance(TFA or SSI) Last six months; Public assistance record or current authorization letter

- **Food stamps:** Snap current budget letter

food stamp agency print out **www.ct dot Gov**

- **Family income** last six months for all family members most recent pay stub or  
**Unemployment benefits** print out SSI , SSDI or TFA letter alimony/ child support documents documented disability school records Social Security disability records VA letter
- Registered for Career Connect Portal and CT Hires User name: \_\_\_\_\_
  - **Highest grade completed** high school diploma transcript/ GED or college transcript if more than 30 credits:
- **Ex offender:** DOC records or court documents

IEP (Individual Employment plan completed and signed)

- **CASAS assessment** /Mandatory math and reading test
- **Participant Agreement to remain in contact with The Workplace for 1 year after class graduation**
  - **Copy of current Resume**

Career Connect – CT

*The* **WorkPlace**  
»» *Think it forward.*

Participant  
Handbook

Connecticut  
2024

# The WorkPlace

»» Think it forward.

May 1, 2024

Career Connect CT (CCT) is an innovative response for free training for high demand careers. Participants will learn skills needed for a job in 4 to 24 weeks. Participants will work with a Career Coach and Employment Specialist to connect with employers that are ready to hire. CCT focuses on CT's growing industries in manufacturing, information technology (IT), infrastructure, life science, healthcare, transportation (CDL), green jobs and business services. CCT is brought by the office of workforce strategy in collaboration with the office of the Governor and the Connecticut general assembly. The WorkPlace, Southwestern Connecticut's Regional Workforce Investment Board, is a partnership collaborating to offer you this unique opportunity.

The goals for each CCT participant are:

- Train or upskill in one of CT's growing industries.
- Update your resume, interviewing and job search skills.
- Address various barriers that may prohibit your road to employment.
- Enter a training opportunity.
- Land a position with new skills acquired.

CCT provides individuals with training opportunities, including skills assessment, career readiness workshops, employee assistance programs, coaching and more. Upon program completion, we assist participants with finding open positions at local companies.

While we make no guarantees of a job or placement, we are confident that your experience in CCT will be positive. You will have a full support team working with you on this journey as you move closer to your goal of securing or upskilling employment in the workforce. **This program only works if you make the commitment of both time and effort!**

Sincerely,

Joseph M. Carbone  
President and Chief Executive Office



I \_\_\_\_\_ agreed to call and or email The  
Workplace for one year after graduation.

date

**AUTHORIZATION FOR THE RELEASE  
OF CONFIDENTIAL UNEMPLOYMENT INSURANCE DATA  
CareerConnect**

I understand that my Unemployment Insurance (UI) wage records that pertain to me and that are maintained at the Connecticut Department of Labor are protected under state and federal statute (CGS § 31-254, 20 CFR 603), and may only be released for limited purposes provided in law, or with my written consent.

I, \_\_\_\_\_, social security # \_\_\_\_\_, residing \_\_\_\_\_, authorize the Connecticut Department of Labor to release to the Office of Workforce Strategy, and FutureWorks (Business Intelligence entity) the following records to be used for the purpose of obtaining short-term training through CareerConnect:

Quarterly Unemployment Insurance Wage records pertaining to me for the following time frame: \_\_\_\_\_, with the understanding that any employer registration numbers found on such records cannot be covered by this release and will be redacted prior to disclosure.

\*Completed by WorkPlace Staff

I understand that the above confidential information will only be used by such entity for the specific reasons outlined above and that all records will be destroyed upon the expiration of this release. This information may not be redisclosed beyond the party identified in this release without my specific permission. A request for records outside of the scope of this release will also require an additional release. I further understand that I can revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. This authorization will expire on June 30, 2030.

I am signing this form voluntarily, of my own free will. I also release and hold harmless CTDL from any and all manner of actions, causes of actions, demands or claims that I may have against it pertaining to the obtaining or releasing of such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature if under 18



# Password Retrieval Request Form

Customer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 of Social Security Number: \_\_\_\_\_

Customer's Email Address: \_\_\_\_\_

Type of verification used. Check all that apply. (Only one required)

- Social Security Card
- Driver's License
- Other State ID (Specify \_\_\_\_\_)

Name of organization verifying identity: \_\_\_\_\_

Print name of person verifying identity: \_\_\_\_\_

Signature of person verifying identity: \_\_\_\_\_

Signature of OWS staff verifying source: \_\_\_\_\_

\*Completed by WorkPlace Staff

# WorkPlace

## GRIEVANCE PROCEDURES

### 1. Informal Complaint Process

Applicants for services or contracts, employers, grant recipients, contractors, subcontractors, participants, and interested parties affected by the actions of The WorkPlace, who believe an alleged discrimination and/or violation of Act, Regulations, or grant or agreement have occurred, have the right to file a complaint with The WorkPlace.

Complaints are encouraged to resolve complaints informally when possible. Upon receiving a complaint, the Program Manager and The WorkPlace Chief Operating Officer will schedule an informal meeting with the complainants and the respondents, if any. If the matter cannot be resolved during the informal process, either party may use the formal complaint procedures outlined below.

### 11. Formal Complaint Process

In order to begin the formal complaint process, the complainant must submit a written statement by mail to The WorkPlace's Chief Operating Officer at the following address:

The WorkPlace  
1000 Lafayette Blvd, Suite 501  
Bridgeport, CT 06604  
Attn: Adrienne Parkmond, Esq.

With the exception of complaints alleging fraud or criminal activity, all complaints must be filed within 180 days of alleged occurrence. The official filing date is the date the written complaint is received.

The WorkPlace Chief Operating Officer will meet with the complainant within 20 calendar days of the filing of the complaint. The complainant will be notified in writing at least 10 calendar days prior to the date of the meeting. The Chief Operating Officer will issue a written decision to the complainant within 30 calendar days of the meeting with the complainant.

Any party aggrieved by the decision may file a written response to the written decision rendered. If an aggrieved party wishes to request a hearing, the appealing party shall provide to the Connecticut Department of Labor's Director of Employment and Training, a signed statement of its intent to appeal and a request for a hearing within 10 calendar days of the receipt of the initial written decision. If such notice has not been received by the Connecticut Department of Labor's Director of Employment and Training within 10 calendar days of the rendering of the initial decision, the decision will be considered final and the complaint resolution procedure closed.

The party may request a review by submitting a written notice to:

Director of Employment and Training  
Connecticut Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109



# WorkPlace

Upon review, the Director of Employment and Training or his or her designee, in writing, gives his or her decision, which shall be final.

Each program participant will be given a copy of the complaint procedure and will review and sign-off for receipt of same at the initial program orientation. Applicants for training programs will be notified in writing at the time of application of the complaint procedure used by this agency and will be provided with a copy. Acknowledgment of such receipt will be made a part of each applicant's file.

### III. Complaint of Discrimination

In addition to this Grievance Procedure, complaints alleging discrimination may also be filed with the Connecticut Commission of Human Rights and Opportunities, Hartford, CT and / or the U.S. Department of Labor, Director of Civil Rights, 200 Constitution Ave, N.W., room N-4123, Washington, DC 20210, prior to, concurrent with, or subsequent to, pursuit of the administrative remedies available under the Workforce Innovation and Opportunity Act (WIOA), where WIOA is the governing program authority. Complaints must be filed within 180 days of the alleged discriminating occurrences or conduct.

### IV. Severance Clause

In the event that any provision of these procedures or the application thereof to any person or circumstances is held invalid, the invalidity does not affect other provisions or applications of these procedures which can be given effect within the invalid provision or applications, and to this end the provision of these procedures is severable.

### V. Other Procedures

The use of this complaint procedure does not preclude anyone from pursuing any other remedy at law to which she/ he may be entitled. Such remedy may be pursued simultaneously with this complaint procedure.

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Participant Signature

Date

## Program Expectations

The following are expectations of the Career Connect Program. Failure to comply with these expectations will result in termination from the program:

- Attend classes. (See Attendance Policy)
- Actively participate in class
- Submit final resume and cover letter when requested from CCT team
- Be respectful of others
- Facilitate your job search process
- Communicate regularly with CCT team
- Participate in one-on-one coaching sessions and other specific assistance/job search activities
- Disclose *all* job interviews and job prospects and or job offers
- Complete weekly Job Search logs (this is mandatory for continued support from the CCT team)
- After completing training, apply to a minimum of 10 jobs per week and record the information in your Job Search Log
- Conduct 5 cold calls per week
- Complete required forms including background checks, media release, skills or other assessments and any other documents needed from program participants
- Email is an important vehicle for delivering news about the program. It is common for potential employers to contact you via email for job interviews, follow-up information, etc. (Must check email twice daily at a minimum)
- Return all phone calls from CCT team in a timely manner

## Attendance Policy

Active participation in class is essential to your success. In order for you to get the most out of the CCT experience, it is expected that you will attend classes. If, for some reason, you cannot attend class you will notify your coach prior to the start of class for the day(s) missed. Anyone missing more than two classes will have a program review with the CCT program manager and risk being removed from the program. For those that have been excused from class due to a scheduled interview, you must provide details of the interview, including name of company, position applying for, contact name with phone/email. (See Job Interview policy)

## Job Search Requirements

After training, CCT is designed to augment your job search. We expect that participants will actively pursue leads and jobs to gain employment. On a weekly basis, participants should be conducting cold calls to prospective employers, complete Job Search Logs and put significant time into their job search outside of the class. Scripts and training to conduct such calls will be addressed in class. Logs are due weekly! Our experience shows that the more active one is in their job search the more successful they become.

**Courtesy**

You are expected to display appropriate business behavior, language, and attitude at all times. You must refrain from any language or behavior that is abusive or offensive to others. If a Participant does not conduct himself or herself in a courteous manner while in the CCT program, he or she will be subject to termination. Anyone removing any article from classrooms, or another person's belongings, without written authorization, will be terminated.

**Cell Phones**

Participants should have their cellular phones on the vibrate setting before entering the classroom.

**Alcohol and Drugs**

The possession or use of alcoholic beverages and/or drugs at or near the facility is STRICTLY PROHIBITED. If we believe you are impaired in any way during class, you will be terminated from the program.

**Job Readiness "soft skills"**

All participants that are NOT upskilling will be required to participate and complete job readiness training. The job readiness skills training will consist of presenting a positive representation of yourself at an interview. Understand and use employment platforms. How to write a resume and cover letter. How to interview one on one or with multiple interviewers. This is a mandatory part of completing the program.

**Job Interviews**

Participants are expected to update the CCT team on all job interviews. It is expected that you share with the CCT team all information related to an interview, including company name, job title, interviewers name and contact information within twenty-four hours of the interview.

**Media Contacts**

All CCT participants are to refer any questions or contact from the media (newspapers, television, radio) to Michael McCarthy, program director. Failure to comply with this policy may result in termination from the program.

**Sexual Harassment**

The WorkPlace is committed to providing each and every employee and program participant a work environment in which all individuals are treated with respect and dignity; an environment free from discrimination, and free of any form of harassment, based on race, color, religion, age, gender, sexual orientation, pregnancy, national origin, disability, marital or other protected status.

Harassment, including sexual harassment, is prohibited by federal and state laws. This policy prohibits harassment of any kind, and the CCT team will take appropriate action swiftly to address any violations of this policy. The definition of harassment is: verbal or physical conduct designed to threaten, intimidate or coerce, including verbal taunting (including racial and ethnic slurs) which impairs the employee's ability to perform his or her job. Any offensive physical, written or spoken

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\_\_\_\_\_  
Parent/ Guardian Signature (If participant is under 18)

\_\_\_\_\_  
Date

updated February 2022

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## AUTHORIZATION TO SEEK AND RELEASE INFORMATION

I hereby give permission for the staff of The WorkPlace, its agents and subcontractors to perform the following functions:

1. to seek confirmation of the information provided about myself and/ or family, as stated in my application, for the purposes of verifying my eligibility to receive services provided by The WorkPlace;
2. to release training and salary information needed to perform job development and track my progress following training, measure the success of the services provided, and complete the required followup for up to one year after program exit;
3. to release information to potential employers regarding the content of my training, my performance in said training, and any other relevant information that will enhance my ability to secure and retain employment.

I also give permission to my future employer(s) to release information to The WorkPlace and the funders of said training and services, and any assigned agents and subcontractors, regarding my position, salary and other relevant information that will be useful for measuring the success of the services provided for me. I also agree to provide information to these entities, if contacted, regarding my current position and salary.

Any information provided will be divulged only to organizations involved in the delivery of program services and only to the extent necessary to substantiate my eligibility for and benefit from these activities. This authorization will expire 12 months after exiting from The WorkPlace program in which I am enrolled.

I have read, understand and agree to all of the above:

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/ Guardian Signature (If participant is under 18)

\_\_\_\_\_  
Date

# WorkPlace

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## PHOTO AND STATEMENT RELEASE FORM

Please mark an "X" next to the statement that indicates your preference.

\_\_\_\_ I hereby give my consent to The WorkPlace, its legal representatives, successors and assigns, employees and any person acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, and portrait or picture (motion or still) in advertising and publicity for purposes of trade, public information, and for any lawful purpose whatsoever.

\_\_\_\_ I hereby give my consent to The WorkPlace, its legal representatives, successors and assigns, employees and any person acting with its permission, upon its authority or on its behalf, to use ONLY my name and verbal statements in advertising and publicity for purposes of trade, public information, and for any lawful purpose whatsoever.

\_\_\_\_ I do not give my consent to The WorkPlace, its legal representatives, successors and assigns, employees and any person acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, and portrait or picture (motion or still) in advertising and publicity for purposes of trade, public information, and for any lawful purpose whatsoever.

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Participant Signature

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Date

---

Printed Name

---

Parent/ Guardian Signature (If participant is under 18)

---

Date

## Career Connect Contract with Participants

I, \_\_\_\_\_ have received the Participant Handbook and understand that I have made a commitment to fully participate in Career Connect CT (CCT). I have reviewed and understand the Handbook and agree to abide by these guidelines. I understand that a Certificate will be provided after all requirements outlined in the Handbook are completed.

- I further agree that my goal is to actively participate and attend training.
- I agree to attend job readiness training, interview and enter employment as quickly as possible, following the completion of my training program.
- I agree to maintain weekly contact with the CCT Career Counselor and other staff
- I agree to follow-up on all employment opportunities.
- I agree after completion of training to maintain a Job Log indicating daily activity and submit this to the CCT Employment Relations Specialist on a weekly basis.

I understand that failure to attend training with more than two unexcused absences may result termination from the program. Refusal to accept job offers may result in termination from ongoing program services. I further understand that failure to comply with program policies and procedures may result in disciplinary action and/or termination from the program.

The WorkPlace, the operator of the CCT program reserves the right unilaterally to revise, supplement, or rescind any policies or portion of the handbook at any time it deems appropriate. Participants will be notified of changes to the handbook as they occur. I understand that only the President/CEO of The WorkPlace or his/her designees has the authority to approve any revisions to the policies in this manual.

Furthermore, I acknowledge that this Handbook is neither a contract of employment, a legal document nor a warranty of benefits. I understand that I entered into the program voluntarily. I understand that in accordance with this policy, either I or the WorkPlace can terminate the relationship with or without cause, at any time for any reason.

My signature below signifies that I have received a copy of this handbook and I understand that it is my responsibility to read and comply with all policies contained herein and any future revisions made.

We, the undersigned, agree to these statements by signing below:

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Participant Name

Date

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Program Representative

Date



CareerConneCT Application

Application Date \_\_\_\_\_

Instructions: This is the application for the CareerConneCT, American Rescue Plan Act (ARPA) funded workforce training programs. Complete all sections, sign and date.

Name \_\_\_\_\_ None  
First Name Middle Last Name Suffix if applicable

Unique Participant # \_\_\_\_\_

Located \_\_\_\_\_  
City State

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Self-Attestation**

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

Are you currently employed? (check all that apply)

- Employed  Employed, but received notice of termination of employment or military separation
- Not Employed  I have never been employed
- Displaced Due to Covid  Unable to seek a better opportunity as a result of COVID

→ If you *are* employed, are you currently underemployed?  Yes  No

*Underemployed means you are not currently connected to a full-time job which pays at the same level of your education, skills, or wage and/or salary earned previously, or you have obtained only episodic, short-term, or part-time employment.*

→ If you are *not* employed, are you currently receiving unemployment compensation?  Yes  No

→ For your most recent job, what was your last date of employment? \_\_\_\_\_

→ For your most recent job, what was the industry? \_\_\_\_\_

→ For your most recent job, what was the job title? \_\_\_\_\_

→ For your most recent job, what was your hourly wage? \_\_\_\_\_

→ For your most recent job, how many hours did you work each week, on average? \_\_\_\_\_

## COMMUNITY RESOURCE LIST

Below is a list of organizations and resources available to residents of Southwestern Connecticut. Please note that eligibility criteria for these services and resources varies. For more information, please contact the numbers listed below or visit the websites provided.

Career Resources, Inc. (American Job Center)

350 Fairfield Avenue

Bridgeport, CT 06604 (203)

333-5129                      htt

[://www.careerresources.org](http://www.careerresources.org)

Employment counseling, training, support services

Dress for Success

240 Fairfield Avenue

Bridgeport, CT 06605 203-953-3276

<https://midfairfieldcounty.dressforsugwss.org/>

Wonten 's Professional Suiting

Southwest Community Health Center

968 Fairfield Avenue

Bridgeport, CT 06605 203-330-

6000 <http://www.swchc.org>

Behavioral and Medical Health Services

Stephanie's Closet

350 Fairfield Avenue

Bridgeport, CT 06605

203-953-3276

Men 's Professional Suiting





I understand that the complete application may require additional forms or copies of supporting documentation. I understand that I have the right to file a formal complaint with if I feel that I have experienced discrimination or that my rights have been violated.

**Personal Data**

I understand that all information required for this application is confidential and will be used to determine program eligibility. I understand that use an online database system to collect personal information and track services related to me and my participation in this program. I understand that may use such data for internal and external evaluation and reporting purposes. I understand that has a policy to safeguard personally identifiable information.

**Release of Information**

I authorize the release of application information to for regulatory and internal processes associated with training, funding, reporting and evaluation. I authorize the release of program participation information, including education and employment information, to for reporting and evaluation processes.

I understand that collaborates with other organizations for the benefit of this program and that this collaboration may include the sharing of my confidential information, including but not limited to: basic identifying information, demographic information, eligibility information, program participation information, education information, and employment information. I understand that my information may be used for research, evaluation, and analytic purposes that support the improvement of policies and outcomes for training and employment programs. I understand that no identifiable information will be released publicly unless a request is obtained from state or federal authorities as part of their statutory investigative, audit and examination powers or as ordered to do so by a court or other administrative governmental body.

**Certification**

I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from the program and to such other civil and criminal penalties as may be prescribed by law or regulations. I understand that any and all information provided by me may be verified. I allow the release of information by for verification purposes.



I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief and are made in good faith.

I have read and agree to this release and certification.

Signature:

Signature of Parent or Guardian (as needed)