

**NEG Dislocated Financial/Insurance Workers**

**Pre-Application Form**

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Name\_\_\_\_\_ Date\_\_\_\_\_

Address\_\_\_\_\_

City/Town\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Phone #\_\_\_\_\_ Email Address\_\_\_\_\_

Alternate Phone #\_\_\_\_\_

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Current Employer (if applicable)\_\_\_\_\_

Title\_\_\_\_\_

Separation Date\_\_\_\_\_

Previous Employer\_\_\_\_\_

Title\_\_\_\_\_

Separation Date\_\_\_\_\_

Are you interested in training?      Yes      No

If Yes, what type?\_\_\_\_\_

What services are you interested in?\_\_\_\_\_

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**(Please complete this form and either fax or scan and email back)**

Mike Morgan, Program Manager  
The WorkPlace, Inc  
350 Fairfield Avenue, Suite 302  
Bridgeport, CT 06604  
(P) 203-610-8572 / (F) 203-610-8573  
Email: mmorgan@workplace.org