



## Referral/Enrollment Form

Date: \_\_\_\_\_

### Basic Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other former aliases/names \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (please provide copy of SS card and Picture ID)

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Do you live in:

Transitional Housing (which one?) \_\_\_\_\_ Move date \_\_\_\_\_

DOC Release Date \_\_\_\_\_ (please provide copy of DOC Face Sheet)

Private Residence  Other \_\_\_\_\_ County \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact Name/number/relationship \_\_\_\_\_

**Referral Source-Name and Number** \_\_\_\_\_

**Probation Officer Name and Number** \_\_\_\_\_

**Ethnicity/Race:** \_\_\_\_\_ **Primary Language Spoken** \_\_\_\_\_

\_\_\_\_ A person of Cuban, Mexican, Puerto Rican, South or Central American,  
or other Spanish culture in origin, **regardless of race.**

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Hawaiian Native or other Pacific Islander

\_\_\_\_ Asian

\_\_\_\_ White

\_\_\_\_ Black or African American

Other \_\_\_\_\_

Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No

Work Authorization? \_\_\_\_ Yes \_\_\_\_ No

Number of weeks without job:  15 weeks  52 weeks or more

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**Education:** Highest level of Education *completed*

Some High School (how many years?)  High School Diploma  GED

Some College (how many years?)  Associate's Degree  Bachelor's Degree

Graduate Level (what was your highest degree?) \_\_\_\_\_

What certifications/credentials have you obtained? \_\_\_\_\_

**Are you currently attending school?**  No  Yes (where) \_\_\_\_\_

What coursework or degree are you seeking? \_\_\_\_\_

Do you have outstanding student loans?  Yes (amount \$ \_\_\_\_\_)  No

**Would you like to pursue further education?**  Yes  No

If you said "yes", what type of education are you interested in? \_\_\_\_\_

Completing GED  Warehouse Credentials  Forklift Certificate  OSHA-10 Certificate

Are you currently in any classes or training programs?  Yes  No

Please list programs: \_\_\_\_\_

**Family Status:**

Married  Single  Single Parent  Two Parents  Annual Family Income

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ How many still at home \_\_\_\_\_

Do you have custody of your children?  Yes  No

Do you have child support arrears?  Yes - Amount \_\_\_\_\_  No

**Transportation:**

What is your primary form of transportation?  Bus  Drive  Other \_\_\_\_\_

**Veteran Status:** Are you a Veteran?  Yes (DD214 copy)  No (If no, go to the next section)

Active-Duty Start Date \_\_\_\_\_ Active-Duty End Date \_\_\_\_\_  Gold Card Veteran

Veteran Type: (Campaign Badge Eligible, NA, Other Eligible Vietnam Veteran) \_\_\_\_\_

Are you a recently separated Veteran?  Yes  No

**Service-Related Disability:** \_\_\_No \_\_\_Yes (0-20% Disabled) \_\_\_Yes, Special Disabled (30%+ Disabled)

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**Assistance Received:**

\_\_\_SSI      \_\_\_SSDI      \_\_\_Food Stamps      \_\_\_TANF/MFIP      \_\_\_General Assistance  
\_\_\_Refugee Assistance      \_\_\_Unemployment      \_\_\_Foster Child      \_\_\_Other

**Barriers to Employment:**

\_\_\_No Significant Work History      \_\_\_History of Homelessness      \_\_\_Past Convictions  
\_\_\_Recovering Chemical Dependent      \_\_\_Victim of Abuse (past or present)      \_\_\_Electronic Home Monitoring  
\_\_\_Disability: \_\_\_\_\_

**Do you have any current scheduling issues?** (Classes, meetings, sentence to serve, court dates, etc.)

What \_\_\_\_\_ Why \_\_\_\_\_ When \_\_\_\_\_  
What \_\_\_\_\_ Why \_\_\_\_\_ When \_\_\_\_\_

Most Recent Employer	Phone Number: ( )
Address:	Employed from: to:
Supervisor:	Hourly pay:
Title / Type of work:	Reason for leaving:
Employer:	Phone Number: ( )
Address:	Employed from: to:
Supervisor:	Hourly pay:
Title / Type of work:	Reason for leaving:
Employer:	Phone Number: ( )
Address:	Employed from: to:
Supervisor:	Hourly pay:
Title / Type of work:	Reason for leaving:

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**Employment/Career Goal**

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**Educational/Training Goal**

I can work:     1<sup>st</sup> Shift     2<sup>nd</sup> Shift     3<sup>rd</sup> Shift     Overtime     Saturday     Sunday

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Date Available for Work

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Hourly Rate Desired

I hereby give consent to obtain Wage Data:     Yes     No    May we contact your past employers?     Yes     No

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Signature

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Date

I enter my full name to electronically sign this application: \_\_\_\_\_ Date \_\_\_\_\_

Questions or comments you may have: \_\_\_\_\_

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**IMPORTANT – READ BEFORE SIGNING** I certify, to the best of my knowledge, that the information submitted is complete and correct. I understand that if employed, the Company may terminate my employment if I have made any false statements or misrepresentations in this application or during the interview process. I understand that this application is not an offer of employment.