

# 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

**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:

\_\_\_\_\_  
**Employment/Career Goal**

\_\_\_\_\_  
**Educational/Training Goal**

I can work:   \_\_1<sup>st</sup> Shift   \_\_2<sup>nd</sup> Shift   \_\_3<sup>rd</sup> Shift   \_\_Overtime   \_\_Saturday   \_\_Sunday

\_\_\_\_\_  
Date Available for Work

\_\_\_\_\_  
Hourly Rate Desired

I hereby give consent to obtain Wage Data:   \_\_Yes \_\_No   May we contact your past employers? \_\_Yes \_\_No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

**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.