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SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-31	July 1, 2017	CMD	1 of 3
SUBJECT: SAN JOAQUIN COUNTY WORKNET/AJCC JOB SEEKER ORIENTATION			

I. PURPOSE

The purpose of this Directive is to provide guidance to staff in the development and presentation of a San Joaquin County WorkNet Center/AJCC (WorkNet/AJCC) Orientation that is responsive to the needs of our customers and in compliance with service delivery system established by the Workforce Development Board.

II. GENERAL INFORMATION

Any job seeker who has entered the Labor Market and is serious about engaging in active Job Search activity is eligible for membership with WorkNet/AJCC Service delivery system after he/she has viewed WorkNet/AJCC Center Orientation video presentation and has had an initial assessment. The orientation provides an overview of the WorkNet/AJCC; the services available on-site as well as services available from partners not located on-site and the terms and conditions under which all services will be provided. Upon Completion of the video orientation, each respective job seeker will meet with a WorkNet/AJCC staff member who will issue a membership card and conduct an initial assessment and the job seeker will then be considered a WorkNet/AJCC Center customer. They will be eligible to access WorkNet/AJCC services and resources, provided they comply with all terms and conditions agreed upon.

III. POLICY

It is the administrative policy of the Employment and Economic Development Department that the WorkNet/AJCC Orientation shall be provided to any interested job seeker as a condition for membership and participation as a WorkNet/AJCC Center customer.

Continued membership and participation as a SJC WorkNet/AJCC Center customer shall be subject to the member's compliance with the Center Use

Agreement (Attachment 1) and participation requirements as identified in this policies and procedures directive and as explained in the Orientation.

IV. PROCEDURE

- A. The WorkNet/AJCC Orientation is a comprehensive overview of the WorkNet/AJCC Center service delivery system, intended to build the awareness of its services, resources and conditions for AJCC/WorkNet Center participation. All new job seekers must attend an Orientation to be considered an eligible WorkNet/AJCC Center customer. Information contained in the WorkNet/AJCC Center Orientation video presentation will be reviewed with the job seeker in a group setting or one-on-one to help determine the service needed by the customer. There is a printed version of the video presentation intended to give direction to staff who are conducting the Orientation (Attachment 2).
- B. Orientations are available to WorkNet/AJCC Center customers “on-demand” when they visit the center for the first time or in a group setting if they are being referred by a partner agency such as EDD.
- C. Upon completion of the video Orientation WorkNet/AJCC staff will conduct an Initial Assessment and the job seeker will have three (3) options.

Option 1 – WorkNet/AJCC customers may elect to work on their own in the WorkNet Centers to conduct their job search, create or update resumes or apply for jobs. Assistance will be provided on an as needed basis by WorkNet/AJCC staff working in the center.

Option 2 – WorkNet/AJCC customers can elect to seek additional assistance from staff. The customer is given and asked to complete an Individualized Career Service Packet (Attachment 3) and return it to the WorkNet/AJCC as soon as possible. Upon return, the packet is assigned to a case manager who will work with the job seeker to help determine the best course of action whether it be classroom training, on the job training or direct referrals to employment. (Eligibility will be determined for all services requiring eligibility determination.)

Option 3 – WorkNet/AJCC customers may have a need for services provided by one of our Partner Agencies. If this is the case, staff will provide information about the partner agency and facilitate the referral utilizing the Partner Agency Referral Form (Attachment 4). This option does not prohibit or disqualify the customer from returning to the WorkNet/AJCC Center in the future to receive job search services or support.

D. Center Use Agreement

A critical part of the Orientation is the roles and responsibilities of the customer as well as our WorkNet/AJCC Center staff. Critical core values for everyone in the center include mutual respect and support for each other. The Orientation will cover the Center Use Agreement that everyone is expected to follow. It was developed to facilitate a business like environment to ensure our customers can conduct their job search in a user friendly, peaceful and nurturing environment. All customers, as a condition for participation, are expected to abide by all the rules and conditions included in the Center Use Agreement.

E. Following the Orientation, WorkNet/AJCC Center staff will give our new WorkNet/AJCC Center customers a tour of the WorkNet Center and an orientation on how to use the equipment that is available.

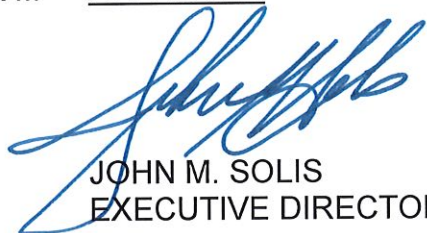
V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



JOHN M. SOLIS
EXECUTIVE DIRECTOR

JMS:pv

- Attachment 1: Center Use Agreement
- Attachment 2: Video Presentation
- Attachment 3: Individualized Career Service Packet
- Attachment 4: Partner Agency Referral Form



Center Use Agreement

We strive to provide a businesslike environment that promotes a positive and safe job search experience. We ask all visitors respect the rights of other users by following these guidelines:

1. Treat other visitors and center personnel with patience and respect.
2. Cell phones are to be used only in the approved phone bank area.
3. Computers, phones, and other equipment in the center shall be for job search activities. Use earphones for activities that produce sound and keep the volume low enough to not disturb other users.
4. Food and drink are not allowed in the center.
5. Closely supervise children and take them outside if they become disruptive.
6. Keep your belongings with you at all times. AJCC cannot be responsible for lost or stolen property.

I have read and agree to these guidelines and understand that I will be asked to leave if I do not comply.

Date: _____

Print Name: _____

Sign Name: _____

Last 4 of SSN: _____

Welcome to WorkNet

ORIENTATION



What is WIOA?

The Workforce Innovation and Opportunity Act of 2014 is a federally funded program designed to:

- Help job seekers access employment, education, training, and support services to succeed in the labor market, and
- to match employers with the skilled workers they need to compete in the global economy



Customer Service Center Use

- Open Monday-Friday from 8:00 A.M. to 4:30 P.M.
- You must sign in, show a valid picture I.D. and your WorkNet card to use the center
- Follow the AJCC Center Use Agreement.



Job Seeker Services

WorkNet Centers offer three levels of service to meet your level of need:

- Basic Career Services
- Individualized Career/Training Services
- Follow Up Services



Basic Career Services

Basic Career Services, also known as Self-Service, are activities that allow you to put your high-demand occupational skills to work!

These services focus on you, the job seeker, using the Customer Service Center as your “office” while you look for work.



Basic Career Services

Services available to adults 18 years of age and over include:

- Informational workshops
- Job listings (CalJOBS, Independent Internet Job Search)
- Office support products (telephones, copiers, fax machines, printers, computers - so you can keep in touch with employers)
- Labor Market Information (employment rates, projected wages, skill requirements)
- Information about education and training providers and performance (including approved educational institutions in our area that provide training for specific careers)
- Initial Assessment and Career Planning Tools
- Information and referral to community agencies for support services
- Free “professional” email account to use for job search
- Information and assistance with financial aid, unemployment insurance and other partner program referrals and eligibility.



Basic Career Services

All you need to do is:

- Complete a WorkNet Membership Application
- Get a WorkNet Card
- Use our center to actively look for work



Individualized Career Services

(Eligibility required)

If you need a little more assistance, Individualized Career Services may be the best route for you! Our services include:

- Comprehensive Assessment
- Individual Employment Plan development
- Career Planning
- Workforce preparation activities
- Financial literacy services
- Staff-assisted job search



Individualized Career Services

How to qualify:

- Enroll in CalJOBS and actively search for work, using the Customer Service Center!
- Complete the Individualized Career Services Application Packet



*WIOA eligibility for Dislocated Worker and/or Adult Services does apply.



Training Services

If you need additional assistance to get a job, training services may be an option for you.

- On-the-Job Training
- Occupational Skills Training



On-the-Job Training

On-the-Job Training (OJT) may be available to those job seekers who are unable to obtain a job with their current skill levels. OJT offers an opportunity to gain the skills you need based on the employer's requirements.

*WIOA eligibility applies, services available based on funding, assessment results and suitability factors.



Occupational Skills Training

Occupational Skills Training services may be available to those individuals seeking assistance who are unable to obtain employment with their current skill level and would benefit from a full training program to obtain marketable skills.



Occupational Skills Training

Individual Training Accounts are established to finance training based upon an individual's choice of approved occupational training programs.



You can find a statewide list of programs on California's Eligible Training Provider List (ETPL) on CalJOBS.



Occupational Skills Training

WIOA is not an entitlement program. Selection of participants takes into consideration many factors, including but not limited to:

- Qualifying for WIOA program
- Potential to succeed in training
- Likelihood of becoming employed upon completion of training
- Financial ability to attend school for a significant period of time



Occupational Skills Training

- Eligible and suitable participants may be offered assistance in upgrading or redirecting vocational skill to compete in the labor market.
- WIOA will only pay for books/tuition/fees and supplies that are required for your individual training program.



Occupational Skills Training

- WorkNet will consider other finances that you may have available to you – in addition to other resources such as Pell grant and/or scholarships prior to applying for WIOA funds.
- You must be able to demonstrate that you can sufficiently meet your living expenses and additional costs associated with training in order to be successful in training.



Process for Training Services

You must complete the following:

- Eligibility Determination
- Comprehensive Assessment
- Individual Employment Plan
- Career Planning
- Selection of appropriate training vendor in an approved high-demand, high-growth occupation



Your Career Coach will guide you through all of these activities.



Follow Up Services

All those enrolled for Individualized Career Services are eligible for one year of Follow Up Services, regardless of whether they pursue on-the-job training, occupational skills training, or direct job placement.



Partner Agencies

WIOA focuses on bringing the services you need together under one roof.

Our partners include:

- San Joaquin County Employment & Economic Development Department (EEDD)
- Employment Development Department (EDD)
- San Joaquin Delta College
- San Joaquin County Office of Education
- San Joaquin County Human Resources
- Chambers of Commerce
- Economic Development Association
- Job Corps



Partner Agencies

WIOA focuses on bringing the services you need together under one roof.

Our partners include:

- San Joaquin Partnership
- California Human Development
- Housing Authority of San Joaquin County
- Laborers Union, Local 73
- Family Resource & Referral Center
- California Department of Rehabilitation
- Northern California Carpenters Regional Council
- *Just Say No*, Stockton, Inc.
- African American Community Service
- Human Services Agency



AJCC Center Use Agreement

- Our goal is to provide an environment that promotes a positive job search experience for our customers.
- To ensure customers are aware of our expectations, we have provided you with the AJCC Center Use Agreement.
- Failure to abide by the AJCC Center Use Agreement may lead to loss of usage of the Customer Service Center.



AJCC Center Use Agreement

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6. Keep your belongings with you at all times. AJCC cannot be responsible for lost or stolen property.



To Sum It All Up!

- WIOA is an employment program designed to help you get the services you need to get a job!
- Not every applicant needs or will qualify for training.
- We are here to help you find the direction you need to land and keep your next job – and - to provide you with the tools to keep looking until you find your dream job!



Let's get you back to work!

If you have questions, or are interested in applying for Individualized Career Services, please ask to speak to the case manager on duty.

Please return your signed center use agreement to the information counter.

ASSISTANCE AVAILABLE
LET'S GET YOU BACK-TO-WORK

San Joaquin County WorkNet
has specialized programs aimed to provide a variety of employment and training services to help individuals to successfully transition to new employment opportunities.

Vocational training and on-the-job training opportunities, as well as staff-assisted job search is available to enhance your job search efforts.

Best of all, services are available for free at no cost to you.

Come in or call today to see how **San Joaquin County WorkNet** can help you get back to work.

For more information, at walk-in or by phone, please ask for Michael Simpson.

* Priority of service available for veterans.

San Joaquin County
worknet
A proud partner of the American Job Center network

209.468.3660 | www.sjworknet.org | Facebook/sjwkn | [@sjworknet](https://twitter.com/sjworknet)

This WIA/WOIA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Welcome to WorkNet (Veterans)

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Individualized Career Service Application Packet	Individualized Career Service Application Packet
<ul style="list-style-type: none"> • WorkNet Membership Card • Orientation • Register at www.caljobs.ca.gov • Intensive Service Application Review • Certification/CASAS Testing • Comprehensive Assessment (Career Scope & Work Keys) • Individual Employability Plan (with Case Manager) • Career Track or Job Track • Employment 	<p>✓ <i>Check off as you complete:</i></p> <p>() Complete Cal Jobs Registration</p> <p>() Complete Background Wizard on Cal Jobs Print and attach</p> <p>() Attach Updated Cal Jobs Resume</p> <p>() Attach a copy of your DD214</p> <p>() Complete Pre-eligibility Worksheet for WIOA And attach documents</p> <p>() Complete Generic Application legibly</p> <p>() Complete and attach Questionnaire</p> <p>() Selective Service Verification (www.sss.gov) (This is only for Males)</p>

Upon completion of packet, return it to any WorkNet Center. You will be contacted by phone and/or e-mail for the next step in your process. Please be advised that completing all of these steps does not guarantee you will be selected for training or additional services.

Customer Name: _____ Best contact # to reach you: _____

Last 4 of SS #: _____

FOR STAFF USE ONLY:

Received by: (Staff name) _____ on (Date): _____

Reviewed by Case Manager for packet completeness: _____

Complete, forwarded to Supervisor for: () Job Track () Career Track Initial/Date: _____

() Referred Out Reason: _____

Welcome to WorkNet

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Individualized Career Service Application Packet	Individualized Career Service Application Packet
<ul style="list-style-type: none"> • WorkNet Membership Card • Orientation • Register at www.caljobs.ca.gov • Intensive Service Application Review • Certification/CASAS Testing • Comprehensive Assessment (Career Scope & Work Keys) • Individual Employability Plan (with Case Manager) • Career Track or Job Track • Employment 	<p>✓ <u>Check off as you complete:</u></p> <p>() Complete Cal Jobs Registration</p> <p>() Complete Background Wizard on Cal Jobs Print and attach</p> <p>() Attach Updated Cal Jobs Resume</p> <p>() Complete Pre-eligibility Worksheet for WIOA And attach documents</p> <p>() Complete Generic Application legibly</p> <p>() Complete and attach Questionnaire</p> <p>() Selective Service Verification (www.sss.gov) (This is only for Males)</p>

Upon completion of packet, return it to any WorkNet center. You will be contacted by phone and/or e-mail for the next step in your process. Please be advised that completing all of these steps does not guarantee you will be selected for training or additional services.

Customer Name: _____ Best contact # to reach you: _____

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FOR STAFF USE ONLY:

Received by: (Staff name) _____ on (Date): _____

Case Manager responsible for review for completeness: _____

Complete, forwarded to Supervisor for () Job Track () Career Track Initial/Date: _____

() Referred Out Reason: _____

How to fill out the Family Income Worksheet

Wages, this is any money you made working.

UIB, this stands for Unemployment Insurance Benefits. This is money you received from unemployment.

Other: Food Stamps, General Relief or Cash Aid.

Month 6 is the current month

In the last 6 month you were working and were laid off from your job 3 months ago. You were working making \$10 an hour 40 hours a week= $\$400 \times 4$ weeks= $\$1600.00$

And now you are receiving \$150 a week on unemployment. $\$150 \times 4$ weeks= \$600

	WAGES				UIB	OTHER
Month 1	1600					
Month 2	1600					
Month 3	1600					
Month 4					600	
Month 5					600	
Month 6 Current month					600	
	4800				1800	

Save Time

Make sure your packet is filled out completely.

Make sure all the documents are attached.

Incomplete packets will delay the process.

Pre-Eligibility Worksheet for WIOA

Name: _____ Date: _____

Are you currently receiving Cash Aid, Food Stamps or General Assistance? () Yes () No

✓ *If yes, please be prepared to provide verification at time of eligibility appointment.*

Are you between the ages of 18-21? () Yes () No

If yes, have you obtained your high school diploma or GED? () Yes () No

Are you a citizen of the United States? () Yes () No

✓ *Please attach a copy of your driver's license and social security card. (Social security card must be the original card with 2 columns on the side)*

Do you have the right to work in the United States? () Yes () No

✓ *If yes, please attach a copy of your right to work document in addition to your driver's license, social security card and permanent resident card*

Are you a male born on or after January 1, 1960? () Yes () No

If yes, are you registered with Selective Service? () Yes () No

✓ *If yes, please attach print out from www.sss.gov verifying that you are registered.*

Were you laid off or terminated from your last job? () Yes () No

If yes, please attach employer letter or unemployment verification.
Are you receiving unemployment insurance benefits? () Yes () No

✓ *If yes, please attach a copy of either, UI printout, UI award letter or most current paystub from UI.*

Please provide the number in your family currently residing in the household including yourself. _____
Please include only self, spouse and minor children (17 & under) residing in home related to you by blood, marriage or adoption.

✓ *Please attach marriage certificate if family size only consists of you and spouse. If you have children together, please provide a birth certificate for each child.*

Family Income: Please check all that apply and enter the amount of income received for the past 6 months.

Please be prepared to provide verification of each source of income you have received in the past 6 months. For wages, acceptable documents include W-2, paystub with YTD amount listed.

Month	Your Wages	Spouse Wages	SSA	Disability	Pension/ Retirement	Workers Comp	SSI	SSA Survivors	Child Support	UIB	Other Income
1											
2											
3											
4											
5											
6											
Total											

STAFF USE ONLY: Appears Eligible () ADULT () DISLOCATED WORKER () INELIGIBLE /REFERRED OUT

QUESTIONNAIRE

Name: _____ Date: _____

SERVICES DESIRED

- | | |
|---|--|
| <input type="checkbox"/> Identifying Career Interests & Goals | <input type="checkbox"/> Help with Resume Writing |
| <input type="checkbox"/> Basic Skills Enhancement | <input type="checkbox"/> On the Job Training |
| <input type="checkbox"/> Skills & Abilities Assessment | <input type="checkbox"/> Job Search Resources |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Vocational Training Options |
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> Unemployment Insurance Assistance |
| <input type="checkbox"/> Help with Interviewing | <input type="checkbox"/> Financial Planning |

Social Services Information: food stamps public assistance Medi – Cal or Health Insurance

Veterans Services Farm Worker Services

Other: _____

EDUCATION

High School Diploma/GED: Yes No If no, reason for dropping out: _____

Are you currently attending school Yes No If yes, name of school: _____

Last grade completed and date last attended school: _____ grade _____ date

Post-Secondary Education: Yes No Major: _____

Please list Vocational Training Certificates you have received even if expired:

What languages do you speak fluently? English Others _____

Are you a Veteran? Yes No Military Training? Yes No

List Training received in Military:

JOB READINESS

Employment Background: (check if applicable)

_____ Currently employed and not making self-sufficient wage to make ends meet.

_____ Currently employed and not happy with current employment.

_____ Currently unemployed.

If unemployed, how long have you been unemployed? _____

Reason for present unemployment? _____

Are you **ACTIVELY** seeking employment? () Yes () No

If yes, please answer the following:

Have you ever had your resume critiqued by someone professional? _____

How often, do you search for work? _____

What kind of search do you do? () newspaper ads () online sites () door to door

() random from the phone book () Other: _____

What kind of job are you seeking? _____

What skills do you have related to the work you are seeking? _____

What experience do you have related to the work you are seeking? _____

Other skills or experience you have aside from those already listed? _____

Indicate lowest wage you will accept: _____

In your observation of yourself, please ✓ those that best describes you:

✓	I am:	✓	I am:
	Team Player, I like to work with a team		Independent worker, I like to work alone
	Punctual, I am never late		I am late often due to lack of transportation or other issues.
	Dependable, I rarely miss a day of work		I miss work often due to lack of transportation or other issues.
	Social person, I like to be around others and like to have communication and interaction during my day on the job.		I like to come in, get my work done and go home with the most minimal social interaction as possible
	I try hard to reach my highest potential and I am always looking for a promotional opportunity.		I am satisfied with being front line staff and don't really try to move up.

In your observation of the circumstances you are currently experiencing, which do you feel make it difficult for you to find or keep a job or complete training. Check ✓ those that apply:

	I live in an isolated area		My skills are rusty.		I have health problems.
	I experience age discrimination		There are no jobs in my field.		I lack adequate food and/or shelter.
	I lack confidence		I have no telephone		I lack proper clothing for work.
	I have a learning disability.		I lack required tools for the job I am qualified for.		I have been long term unemployed.
	I have a low credit score.		I need child care assistance.		I have no transportation.
	I cannot decide what type of work I want.		I have gaps in my employment history.		I lack motivation.
	I lack vocational training and/or education		I lack family support.		I have financial difficulties.
	I am limited English speaking.		I have no work experience.		I am unable to pass a criminal background check.

Is there any other information or situation that you feel may impact your ability to obtain employment or attend training? If yes, please explain:

TRANSPORTATION

Do you have reliable transportation? () Yes () No

Type: () I have my own car () I rely on the use of someone else's vehicle.

If you are seeking employment as a Driver, please answer the following:

Do you have a current valid CA driver's license? () Yes () No Class: () C () B () A

If No, explain why: _____

Have you ever held any other class license besides a C (general license) in the past? () Yes () No

If so, what class and why do you no longer possess that license: _____

How far are you willing or able to travel to accept employment?

() Within San Joaquin County (Stockton, Manteca, Lodi, Tracy)

() Only in the local city I live in which is _____

() Outside of San Joaquin County up to _____ miles.

CHILD CARE

Number of dependent children: _____ Please provide the following information in regards to each child.

Age	School status, please v one:
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school

Describe your child care arrangement:

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
High School	Name _____ City/State _____		
Business/ Trade/ Technical	Name _____ City/State _____		
College	Name _____ City/State _____		
Graduate	Name _____ City/State _____		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/VOLUNTEER OR RESEARCH WORK/WORKSHOPS OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Phone No.	Business	Years Known

EMPLOYMENT HISTORY

Please complete fully and accurately, listing your current or most recent employers first and continuing backward in time. If additional space is needed please attach another page.

Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____ / ____ / ____ To ____ / ____ / ____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____ / ____ / ____ To ____ / ____ / ____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____ / ____ / ____ To ____ / ____ / ____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____ / ____ / ____ To ____ / ____ / ____	Job Duties _____
Duties cont. _____	
Employer's Name _____	Employer's Telephone No. _____
Employer's Address _____	Your Title _____
City, State, Zip _____	Reason for leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____ / ____ / ____ To ____ / ____ / ____	Job Duties _____
Duties cont. _____	

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

DATE _____ SIGNATURE _____



Partner Agency Referral Form

Customer Information:

Name: _____

Address: _____

Phone Number: _____ Alternative Number: _____

Date of Birth: _____ Email: _____

Identifies as: Male Female Primary Language: _____

Services Requested: _____

Referred To:

Agency Name: _____ Contact Date: _____

Address: _____

Contact Person: _____ Contact Number: _____

Email: _____ Fax: _____

Appointment Date: _____ Appointment Time: _____

Release of Information Attached? Yes No Documents Needed for Appointment: _____

Referring Agency:

Agency Name: _____ Referral Date: _____

Contact Person: _____ Contact Number: _____

Email: _____ Fax: _____

Follow up / Result of Referral: (Please route back to referring agency)

- Customer attended the scheduled appointment.
 Customer did not attend the scheduled appointment.
 Customer Rescheduled for: Date: _____ Time: _____

Next Steps:

Additional Comments: