



Prison to Employment Application

290 N. D Street, Suite 600
San Bernardino, CA 92415

(909) 387-9859

Goodwill Southern California
8120 Palm Lane
San Bernardino CA 92410

Operation New Hope
323 W. 7th Street
San Bernardino, CA 92401

San Bernardino Community College District
114 S. Del Rosa Drive
San Bernardino, CA 92408

INSTRUCTIONS: Complete ALL questions on this form in blue or black ink. Do not use white out. PLEASE PRINT CLEARLY.

1.	SOCIAL SECURITY NUMBER:		STAFF USE:		
2.	NAME (First, Middle Initial, Last):		STAFF USE:		
3.	RESIDENCE STREET ADDRESS:				
	RESIDENCE CITY:	RES. STATE:	RES. ZIP CODE:		
4.	PRIMARY TELEPHONE NUMBER:	TYPE: (check one)	Cell/Mobile Work	Home Other _____ Relative _____	
5.	ALTERNATE TELEPHONE NUMBER:	TYPE: (check one)	Cell/Mobile Work	Home Other _____ <input type="checkbox"/> Relative _____	
6.	EMAIL ADDRESS:				
7.	MAILING ADDRESS: <input type="checkbox"/> Check here if same as residential, then skip to #8. If different, please complete.				
	Mailing Street Address:				
	Mailing City:	Mailing State:	Mailing Zip Code:		
8.	DATE OF BIRTH: (mm/dd/yyyy)	STAFF USE:		GENDER: Male Female Did Not Identify	
9.	ARE YOU REGISTERED WITH SELECTIVE SERVICE? (check one)	Yes	No	N/A – female	SEL. SVC. #: _____
		N/A – born prior to 1960			REG. DATE: _____
	STAFF USE: Documented exemption from registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
10.	CITIZENSHIP: (check one)	Citizen of US/US Territory U.S. Permanent Resident	Alien/Refugee lawfully admitted to US None of the above	DO YOU CONSIDER YOURSELF TO BE OF HISPANIC HERITAGE? Yes No	
		A#: _____	Expiration Date: _____		
11.	RACE: (check all that apply)				
	<input type="checkbox"/> I do not wish to answer <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Bangladesh <input type="checkbox"/> Nepalese <input type="checkbox"/> Bhutanese <input type="checkbox"/> Chinese <input type="checkbox"/> Malaysian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Pakistani <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sikkimese <input type="checkbox"/> Japanese <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Hawaiian/part Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Palauan <input type="checkbox"/> Guamanian <input type="checkbox"/> Micronesian <input type="checkbox"/> Marshallese <input type="checkbox"/> Other Pacific Islander				
12.	ARE YOU A MIGRANT WORKER OR FARMWORKER?			IF SO, PLEASE SPECIFY TYPE:	
	<input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant – traveled to an area for work & were unable to return home in the same day <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No			Agriculture production and services Food processing establishment	



13.	ARE YOU A TRANSITIONING MILITARY SERVICE MEMBER?	<input type="checkbox"/> Yes – within 24 months of Retirement – Estimated Discharge Date: _____ <input type="checkbox"/> Yes – within 12 months of Discharge – Estimated Discharge Date: _____ <input type="checkbox"/> No
14.	HAVE YOU SERVED IN THE U.S. MILITARY, NAVAL OR AIR SERVICE? (check one)	<input type="checkbox"/> No (If No, skip to #19) <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> Yes, less than or equal to 180 days
		ARE YOU THE SPOUSE OF A VETERAN? Yes No
15.	CAMPAIGN VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	RECENTLY SEPARATED? (within last 48 months) <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	DATE ENTERED MILITARY SERVICE:	MILITARY SERVICE DISCHARGE DATE:
		TYPE OF DISCHARGE:
17.	WHICH BRANCH?	ARE YOU ACTIVE IN THE MILITARY RESERVE? Yes No
18.	HAVE YOU ATTENDED A TRANSITIONAL ASSISTANCE PROGRAM (TAP) WORKSHOP IN THE LAST 3 YEARS? Yes No	
19.	EMPLOYMENT STATUS: (check one) <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed with notice of Termination/Military Separation	STAFF USE: Employment Verification <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> UI Records/Check Stubs <input type="checkbox"/> Employer Contract <input type="checkbox"/> Job Search Worksheet <input type="checkbox"/> Case File Notes <input type="checkbox"/> UI Cross-match
20.	HOW MANY WEEKS HAVE YOU BEEN UNEMPLOYED?	
21.	WHAT IS YOUR CURRENT OR MOST RECENT OCCUPATION?	STAFF USE: ONet Job Title _____ ONet Code _____
22.	IF EMPLOYED, ARE YOU UNDER EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU RECEIVED A TERMINATION/LAYOFF NOTICE FROM YOUR LAST JOB OR CURRENT JOB, IF STILL EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
23.	REASON FOR LAYOFF: (check one) <input type="checkbox"/> CATEGORY 1 – Terminated, Laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements of UI benefits and is unlikely to return to previous industry or occupation. <input type="checkbox"/> CATEGORY 2 – Terminated or Laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (a minimum of six weeks) to demonstrate workforce attachment, but is not eligible for UI benefits due to insufficient earnings or employer not being covered under state compensation law and is unlikely to return to previous industry or occupation. <input type="checkbox"/> CATEGORY 3 – Terminated or Laid off, or has received notice of termination or layoff, from employment as a result of permanent closure of, or substantial layoff at a plant, facility or enterprise. The projected date or actual date of layoff is required in the space provided below. <input type="checkbox"/> CATEGORY 4 – Employer has made a general announcement that facility will close. Please specify the projected date or actual date of closure in space provided below.	
		CATEGORY 5 – Previously Self-employed (including farmers, ranchers and fisherman) but is unemployed due to general economic conditions in the community of residence or because of natural disaster. <input type="checkbox"/> CATEGORY 6 – Displaced Homemaker: An individual who has been providing unpaid services to family members in the home, and who (A) has been dependent on the income of another family member but is no longer supported by that family member's income; and (B) is unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment. <input type="checkbox"/> CATEGORY 7 – The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member. <input type="checkbox"/> CATEGORY 8 – The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. None of the above. Termination/layoff does not qualify individual for Dislocated Worker program.
		STAFF USE: Dislocated Worker Verification Accepted: _____ _____ AND Verified Unlikely to Return status for Category 1 and 2 <input type="checkbox"/> Case Note Completed



24.	WHAT IS YOUR PROJECTED LAYOFF DATE, if applicable? (mm/dd/yyyy)	DID YOU ATTEND A GROUP ORIENTATION (Rapid Response)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, specify date & location) _____		
*** LIST YOUR LAST <u>TWO</u> JOBS, STARTING WITH THE <u>MOST RECENT</u> JOB (EVEN IF CURRENTLY WORKING) ***				
25.	CURRENT EMPLOYER / MOST RECENT EMPLOYER (as applicable):			
26.	EMPLOYER STREET ADDRESS:			
27.	EMPLOYER CITY:	EMP. STATE:	EMP. ZIP CODE:	
28.	INDUSTRY:	JOB TITLE:	HOURLY WAGE: \$	
		STAFF USE: ONet Job Title: _____ ONet Code: _____		
29.	EMPLOYER TELEPHONE:	START DATE: (mm/dd/yyyy)	ACTUAL LAYOFF/END DATE: (mm/dd/yyyy)	
30.	HOURS WORKED PER WEEK:	REASON FOR LEAVING JOB: (check one)	STAFF USE: Actual Layoff Date Verification	
		<input type="checkbox"/> Layoff <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit/Resigned <input type="checkbox"/> Other _____	<input type="checkbox"/> Verification from employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public announcement with cross-match from UI <input type="checkbox"/> Other Applicable Documentation (specify) _____	
31.	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one)	ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION? (check one)	STAFF USE: Unemployment Compensation Verification	
Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other (explain) _____		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Eligible claimant referred by RESEA <input type="checkbox"/> Eligible claimant not referred by RESEA <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant or Exhaustee	<input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> UI records (Benefit History, Wage, Record) <input type="checkbox"/> REA Appointment Notice <input type="checkbox"/> Other Applicable <input type="checkbox"/> Documentation (specify) _____	
32.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:			
33.	NAME OF PREVIOUS EMPLOYER / BUSINESS:			
34.	EMPLOYER STREET ADDRESS:			
35.	EMPLOYER CITY:	EMP. STATE:	EMP. ZIP CODE:	
36.	JOB TITLE/OCCUPATION:	START DATE:	END DATE:	HOURS WORKED PER WEEK:
37.	REASON FOR LEAVING JOB: (check one)	<input type="checkbox"/> Layoff <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit/Resigned <input type="checkbox"/> Other _____	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one)	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other (explain) _____
			Salary: \$ _____	
38.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:			
39.	HIGHEST SCHOOL GRADE COMPLETED: (specify, including years of college or degree)	DO YOU HAVE A HS DIPLOMA?	STAFF USE: Verification if answered NO for HS Diploma :	DO YOU HAVE A GENERAL EQUIVALENCY DIPLOMA (GED)?
		Yes No	<input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement/ Self Attestation	<input type="checkbox"/> Yes <input type="checkbox"/> No
			STAFF USE: Verification if answered NO GED:	<input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement



40.	ARE YOU CURRENTLY ATTENDING SCHOOL? (check one) <input type="checkbox"/> In-school, High School or less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Post High School <input type="checkbox"/> Not attending school, HS Dropout <input type="checkbox"/> Not attending school, HS Graduate	STAFF USE: School Status Verification <input type="checkbox"/> Training provider verification of enrollment <input type="checkbox"/> Case notes w/verification of enrollment from educ. inst. <input type="checkbox"/> School records <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out letter <input type="checkbox"/> Applicant Statement/Self Attestation		
41.	ARE YOU CURRENTLY ENROLLED IN EDUCATION LEADING TO HSD, GED, OR CERTIFICATION? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____			
42.	DISPLACED HOMEMAKER? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes – WIOA – DW <input type="checkbox"/> Yes – Statewide (TANF) <input type="checkbox"/> Yes – Statewide (TANF) and WIOA	STAFF USE: Displaced Homemaker Verification <input type="checkbox"/> Divorce decree or legal separation <input type="checkbox"/> Death Certificate <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> Other _____	LIMITED ENGLISH? Yes No	SINGLE PARENT of a child under 18? Yes No
43.	ARE YOU HOMELESS? Yes No	STAFF USE: Homeless Verification <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Telephone Verification	ARE YOU A RUNAWAY? Yes No N/A	STAFF USE: Runaway Verification <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Statement from a Social Services Agency <input type="checkbox"/> Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Telephone Verification
44.	HAVE YOU EVER BEEN CONVICTED OF A CRIME? (check one) No Yes, no parole/probation Yes, and on parole Yes, and on probation	STAFF USE: <i>If yes, make sure the customer completes pages 5 and 6 of the application.</i>	SUBSTANCE ABUSE? Yes No	
45.	ARE YOU A FOSTER CARE YOUTH? Yes No N/A	STAFF USE: Foster Care Verification <input type="checkbox"/> Statement/Referral from Social Services Agency <input type="checkbox"/> Foster care facility resident <input type="checkbox"/> Court/Guardianship documents <input type="checkbox"/> Applicant Statement/Self Attestation, limited cases <input type="checkbox"/> Other _____	BASIC SKILLS DEFICIENT? Yes No N/A	STAFF USE: Basic Skills Deficient Verification <input type="checkbox"/> Standardized Test <input type="checkbox"/> Applicant Statement <input type="checkbox"/> School Records <input type="checkbox"/> Other _____
46.	GANG STATUS: (check one) <input type="checkbox"/> N/A <input type="checkbox"/> Gang Involved <input type="checkbox"/> Gang Member Involvement <input type="checkbox"/> At Risk Gang	YOUTH OF INCARCERATED PARENT? Yes <input type="checkbox"/> No	PARENT PAROLEE NUMBER:	
47.	ARE YOU RECEIVING PUBLIC ASSISTANCE BENEFITS? (check all that apply) TANF/CalWORKs/Cash Aid TANF Exhaustee Refugee Cash Assistance General Assistance/Relief Food Stamps N/A	STAFF USE: TANF Verification Accepted: _____ STAFF USE: SS Income Verification Accepted: _____ STAFF USE: Food Stamp Verification Accepted: _____	STAFF USE: Refugee Cash Assistance Verification Accepted: _____ STAFF USE: General Assistance/Relief Verification Accepted: _____	
48.	FOOD STAMP STATUS: Eligible Receiving N/A	ARE YOU A PUBLICLY SUPPORTED FOSTER CHILD? Yes No	STAFF USE: Foster Child Verification <input type="checkbox"/> Applicant Statement/Self-Attestation <input type="checkbox"/> Court Records/Documentation	CURRENTLY RECEIVING OR NOTIFIED YOU WILL BE RECEIVING PELL GRANT MONIES? Yes No If Yes, specify \$ amount and school year _____
49.	FAMILY SIZE: (01-15)	ESTIMATED FAMILY INCOME FOR THE PAST 12 MONTHS: \$	STAFF USE: Annual Family Income Verification _____	
50.	ARE YOU CURRENTLY SEEKING WORK? No Yes. What type? _____	DO YOU HAVE A LICENSE/CERTIFICATE IN THIS FIELD? No Yes, specify _____		
51.	DO YOU HAVE A VALID DRIVER'S LICENSE? (please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, specify type below) <input type="checkbox"/> Class A/Heavy Truck <input type="checkbox"/> Class B/Passenger/Bus <input type="checkbox"/> Class C/Regular <input type="checkbox"/> Class M/Motorcycle State _____, DL# _____		



Prison to Employment Application

S.B County Workforce Development Department

Customer Name: _____

IF FORMERLY INCARCERATED, WHAT TYPE OF FACILITY WAS THE SENTENCED SERVED? (most recent) (Check One)			
52.	Federal Facility	State Facility	County Facility
	Penitentiary	State Prison	County Jail
	Tribal	Male Community Re-Entry Program (CCTRP)	Alternative Custody Program (ACP) <i>includes home detention and work release</i>
	Military	Custody to Community Transition Re-Entry Program (CCTRP)	Local Prison (LP), or felony prison term served in counties under Penal Code 1170(h)(5)
	Immigration Detention	Alternative Custody Program (CAP)	County Juvenile Halls or Other Local Juvenile Facilities (JH)
	Home Detention	Community Prisoner Mother Program (CPMP)	
		Division of Juvenile Justice (DJJ)	
Not Applicable (N/A) Skip to question #54			
POST RELEASE CLASSIFICATION			
53.	Federal Supervision (Check One)	State Parole (Check One)	County Probation, include Post Release Community Supervision (PRCS) (Check One)
	Federal Probation (FP)	Residential Programs	Post release Community Supervision (PRCS)
	Federal Supervised Release (FSR)	Outpatient and Drop-In Programs	Fully discharged, not under any post-release supervision
JUSTICE-INVOLVED/ACTIVE COUNTY SUPERVISOR (please specify)			
54.	State Parole		County Mandatory Supervision
	County Informal Probation		County Other Diversion Program
	County Probation, but not PRCS		County Post Release Community Supervision (PRCS)
	County Deferred Entry to Judgement		Other: _____
STAFF USE: OFFENDER VERIFICATION			
<input type="checkbox"/> Police records		<input type="checkbox"/> Applicant statement/self-attestation, in limited cases w/County approval	
<input type="checkbox"/> Court documents		<input type="checkbox"/> Self-Certification, in limited cases w/County approval	
<input type="checkbox"/> Halfway house resident		<input type="checkbox"/> Telephone Verification	
<input type="checkbox"/> Letter of parole		<input type="checkbox"/> Documentation in Case File	
<input type="checkbox"/> Letter from probation officer		<input type="checkbox"/> Other Applicable Documentation (<i>specify</i>) _____	
55.	YEAR RELEASED FROM CUSTODY (most recent): _____		
56.	TOTAL TIME INCARCERATED (lifetime): _____ Years (0-60) _____ Months (0-11)		
57.	TOTAL NUMBER OF OFFENSES (lifetime): _____		



Prison to Employment Application

S.B County Workforce Development Department

Customer Name: _____

STOP. DO NOT COMPLETE THIS SECTION UNTIL IN THE PRESENCE OF STAFF

Customer Certification: My signature below indicates I have been informed of and understand the information contained on this form. I certify under penalty of perjury all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand falsification of any item is grounds for termination from the program and may result in action to recover any monies paid to me while participating.

SIGNATURE OF CUSTOMER:	DATE	PARENT/GUARDIAN SIGNATURE (If under 18 years old, both Customer and Parent/Guardian must sign form.):	DATE

--- THIS SECTION TO BE COMPLETED IN FULL BY STAFF ONLY ONCE VERIFIED---

ELIGIBILITY DATE:	SPECIFY ELIGIBILITY STATUS AND FUNDING INFORMATION:
	<input type="checkbox"/> WIOA Adult Services <input type="checkbox"/> WIOA Dislocated Worker Services <input type="checkbox"/> Youth Eligibility <input type="checkbox"/> Other: _____ <input type="checkbox"/> NonWIOA Special Grant (Prison to Employment)

Note: Selective Service, Social Security Number, and ID are not required to determine eligibility for Prison to Employment Services.

SIGNATURE OF INTERVIEWER:	DATE:	SIGNATURE OF REVIEWER:	DATE:

Printed Name of Assigned Case Manager: _____

STAFF USE ONLY: USE THIS SECTION TO LIST ACTIVITY RECORDS TO BE ENTERED FOR SERVICES PROVIDED.

Key – Agency Code

A67 = Goodwill Southern California
 OPNE = Operation New Hope
 SB0S = San Bernardino Community College District

Key – Completion Code

1 = Successful Completion
 2 = Participation Waived/Exempted
 5 = Unsuccessful Completion-Dropped Out
 6 = Unsuccessful Completion-Provider Closed
 7 = Unsuccessful Completion-Failed to Report
 8 = Unsuccessful Completion-Unable to Contact

ACT 1	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
	<input type="checkbox"/> Adult <input type="checkbox"/> DW <input type="checkbox"/> P2E	<input type="checkbox"/> A67 <input type="checkbox"/> OPNE <input type="checkbox"/> SB0S				
	<input type="checkbox"/> Adult <input type="checkbox"/> DW <input type="checkbox"/> P2E	<input type="checkbox"/> A67 <input type="checkbox"/> OPNE <input type="checkbox"/> SB0S				
	<input type="checkbox"/> Adult <input type="checkbox"/> DW <input type="checkbox"/> P2E	<input type="checkbox"/> A67 <input type="checkbox"/> OPNE <input type="checkbox"/> SB0S				