

County of San Bernardino – Workforce Development Department

FOLLOW-UP AGREEMENT

Goodwill Southern California
820 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

The Prison to Employment Program will require monitoring the progress of our participants, including employment verification, for one year after exiting the program.

PLEASE PRINT – CUSTOMER’S NAME (FIRST, MI, LAST)	CUSTOMER’S SOCIAL SECURITY NUMBER

Customer Release of Information Statement:

As an enrollee in the Prison to Employment Program, I agree to notify your office if my address changes. I also agree to provide information including my employer’s name, address, and phone number, the number of hours I am working, my start date, my rate of pay, and my job description.

I hereby give permission to the San Bernardino County Workforce Development Department to perform employment status checks on ‘The Work Number’ using my social security information for the full duration of my participation in the Prison to Employment Program.

I also hereby give permission to my employer to release information regarding my employment and earnings to the San Bernardino County Workforce Development Department’s Prison to Employment Program. I understand the information I provide will be kept strictly confidential.

PARTICIPANT’S SIGNATURE	DATE SIGNED
STAFF SIGNATURE	DATE SIGNED

NEPOTISM – Please read and answer the questions below:

1. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an elected City or County official?

Yes No If you answered “yes,” what is his/her name, elected title and relationship to you?

2. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an employee of a City or County?

Yes No If you answered “yes,” what is his/her name, organization, position and relationship to you?

CONTACT INFORMATION – Please list two people who do NOT live in your household and will always know how to contact you.

1.	FIRST AND LAST NAME	EMAIL ADDRESS	TELEPHONE NUMBER
	ADDRESS	CITY	STATE AND ZIP CODE
2.	FIRST AND LAST NAME	EMAIL ADDRESS	TELEPHONE NUMBER
	ADDRESS	CITY	STATE AND ZIP CODE

