



Prison to Employment Questionnaire

290 North D Street, Suite 600

San Bernardino, CA 92415

(909) 387-9859

East Valley AJCC
500 Inland Center Drive, Sp. 508
Inland Center Mall
San Bernardino CA 92415

High Desert AJCC
17310 Bear Valley Rd, Suite 109
Victorville CA 92395

West Valley AJCC
9650 9th Street, Suite A
Rancho Cucamonga CA 91730

Customer Name (First, Middle Initial, Last): _____

Last four (4) digits social security number: _____

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

Prison to Employment (P2E) Questionnaire			
1.	IF FORMERLY INCARCERATED, WHAT TYPE OF FACILITY WAS THE SENTENCED SERVED? (please specify most recent)		
	Federal Facility	State Facility	County Facility
	Penitentiary	State Prison	County Jail
	Tribal	Male Community Re-Entry Program (MCRP)	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	State Alternative Custody Program (ACP)	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 #3		
2.	POST RELEASE CLASSIFICATION		
	Federal Supervision <i>(specify)</i>	State Parole <i>(specify)</i>	County Probation, include Post Release Community Supervision (PRCS) <i>(specify)</i>
	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
3.	JUSTICE-INVOLVED/ACTIVE COUNTY SUPERVISOR (please specify)		
	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> _____
4.	YEAR RELEASED FROM CUSTODY (most recent): _____		
5.	TOTAL TIME INCARCERATED (lifetime): ____ Years (0-60) ____ Months (0-11)		
6.	TOTAL NUMBER OF OFFENSES (lifetime): _____		

