

OFFENDER JOB INFORMATION CARD

Name: _____ DOC # _____

DOB: _____ Race: _____ Gender: _____ Facility Receipt. Date: ____/____/____

Offender Job Title: _____

Employer's/Business Name: _____

Employer's/Business Address: _____
City State Zip Code

Employer's/Business Phone No.: Work (____) _____ Cell (____) _____

Fax (____) _____ Work (____) _____ Cell (____) _____

Name and phone number of person to contact after hours:

Name Telephone Number

Date Started Work: ____/____/____ Rate of Pay: _____

Will you be paid: (circle one) Weekly, Bi-weekly Monthly Bi-monthly Completion of job

When is your first pay day? _____

Work Hours: 1st shift: 8-5, 2nd shift: 3-11, 3rd shift: 11-7 or variable

Special tools or fees required? _____

Transportation Arrangements: Facility, Employer or Family _____

Offender's Signature and DOC #: _____ Date _____

THIS FORM MUST BE TURNED IN WITHIN 48 HOURS OF STARTING EMPLOYMENT!

Employment Coordinator's Signature and Date: _____

APPROVED DENIED-Reason Why _____

Faxed to District Finance By: _____ Date: ____/____/____

MONTHLY JOB SITE CHECK

The purpose of the monthly job check is to ensure the offender is at the work site and all information on the offender job card is accurate and updated monthly.

Year: _____

Month	Date Visited	Contractor Staff (Signature)	Employer (Company)
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____