

CORRECTIONAL INDUSTRIES APPLICATION FOR WORK PROGRAMS

One application per work	position. If available, a	attach resun	ne.				
Name:		DOC number:			Custody level:		
Unit supervisor/case manager:					Unit/cell:		
Maximum expiration date	Earned release date:						
QUALIFICATIONS							
Highest grade completed:	: 🗆 4 th 🗆 5 th 🗆 6	th 7 th	□ 8 th	□ 9 th	□ 10 th	□ 11 th	□ 12 th
 High school diploma General educational development/high school equivalency degree Associate's Degree Bachelor's degree Master's degree Professional or trade school. Certificate received: 							
Provide where, when, and area(s) studied:							
Area(s) of special interest:							
WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS							
Position Title	Where		When		Но	w Long	
Do you require reasonabl If yes, specify:			□ Yes	□ No	1		

I hereby declare the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that if selected for the position, any misstatement or omission of fact, or failure to follow the rules, regulations, policies, and procedures set forth by the Department of Corrections and/or the private sector industry may result in termination from the work program.

Signature

Date

Date received: Time received:

Received by:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

COMPLETED BY EMPLOYEES

Distribution: **ORIGINAL** - Case manager

COPY - Assignment Lieutenant/Resource Program Management employees, applicant