

## CORRECTIONAL INDUSTRIES APPLICATION FOR WORK PROGRAMS

Unit supervisor/case manager:	Name:	_ DOC number:	Custody level:
Next Indeterminate Sentence Review Board hearing date:	Unit supervisor/case manager:		Unit/cell:
Next Indeterminate Sentence Review Board hearing date:	☐ Class I ☐ Class II Position applying fo	or:	l volono alete.
Highest grade completed:   4th   5th   6th   7th   8th   9th   10th   11th   Highs 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:   Provide where, and area(s) studied:   Provide where, and area(s) studied:   Provide where, and a	Next Indeterminate Sentence Review Board by	Earned	release date:
Highest grade completed:   4 <sup>th</sup>   5 <sup>th</sup>   6 <sup>th</sup>   7 <sup>th</sup>   8 <sup>th</sup>   9 <sup>th</sup>   10 <sup>th</sup>   11 <sup>th</sup>     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:     Special skills:     Special equipment you can operate:     Current work/school assignment:     WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS     Position Title   Where   When   How Long     If yes, specify:     Thereby 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.			
High school diploma			
Associate's Degree	Highest grade completed: ☐ 4 <sup>th</sup> ☐ 5 <sup>th</sup> ☐	6 <sup>th</sup> □ 7 <sup>th</sup> □ 8 <sup>th</sup>	$\square 9^{th} \square 10^{th} \square 11^{th} \square 12$
Area(s) of special interest:  Special skills:  Special equipment you can operate:  Current work/school assignment:  WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS  Position Title Where When How Long  Do you require reasonable accommodation for a disability? Yes No  If yes, specify:  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	☐ Associate's Degree ☐ Bachelor's degree	ee 🔲 Master's deg	gree
Special skills:  Special equipment you can operate:  Current work/school assignment:  WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS  Position Title  Where  When  How Long  Do you require reasonable accommodation for a disability? Yes No  If yes, specify:  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	Provide where, when, and area(s) studied:		
Special skills:  Special equipment you can operate:  Current work/school assignment:  WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS  Position Title  Where  When  How Long  Do you require reasonable accommodation for a disability? Yes No  If yes, specify:  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			
Special skills:  Special equipment you can operate:  Current work/school assignment:  WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS  Position Title  Where  When  How Long  Do you require reasonable accommodation for a disability? Yes No  If yes, specify:  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	Area(s) of special interest:		
WORK HISTORY, INCLUDING FACILITY ASSIGNMENTS  Position Title Where When How Long  Do you require reasonable accommodation for a disability? Yes No  If yes, specify:  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.	Special skills:		
Position Title Where When How Long  Do you require reasonable accommodation for a disability? Yes No If yes, specify:  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	Special equipment you can operate:		
Position Title Where When How Long  Do you require reasonable accommodation for a disability? Yes No  If yes, specify:  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	Current work/school assignment:		
Do you require reasonable accommodation for a disability?  Yes No If yes, specify:  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.			
If yes, specify:  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	Position Title Where	When	How Long
If yes, specify:  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			
If yes, specify:  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			
If yes, specify:  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			
If yes, specify:  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			
If yes, specify:  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			
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	•	a disability? ☐ Yes	□ No
	knowledge. I understand that if selected for the pos follow the rules, regulations, policies, and procedur	sition, any misstatement es set forth by the Depai	or omission of fact, or failure to
COMDI ETED DV EMDI OVEES	Signature Da	ate	
CONTRETED BY ENTRED	COMPLETI	ED BY EMPLOYEES	
Date received: Time received: Received by:	Date received: Time received:	Received	by:

Distribution: ORIGINAL - Case Manager

completion, the data classification category may change.

COPY - Assignment Lieutenant/Resource Program Management employees, Applicant