





# Inmate Employability Tracking System Inmate Worker Application

Inmate Name:
CDCR #:

**LIST WORK HISTORY:** (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

**Place of Employment:**     CALPIA     CDCR     Outside of Prison

**Employer or Institution:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Job Type (CHECK ONLY ONE):**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> A/C and Refrigeration   | <input type="checkbox"/> Construction/Modular     | <input type="checkbox"/> Janitorial                        | <input type="checkbox"/> Production/Factory |
| <input type="checkbox"/> Accounting/Bookkeeping  | <input type="checkbox"/> Customer Service         | <input type="checkbox"/> Knitting Mill                     | <input type="checkbox"/> Real Estate        |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Dental/Medical/Optical   | <input type="checkbox"/> Laborer                           | <input type="checkbox"/> Retail             |
| <input type="checkbox"/> Agriculture/Dairy       | <input type="checkbox"/> Driver                   | <input type="checkbox"/> Laundry                           | <input type="checkbox"/> Sales              |
| <input type="checkbox"/> Assembler               | <input type="checkbox"/> Education                | <input type="checkbox"/> Longshoreman/Shipyards            | <input type="checkbox"/> Security Guard     |
| <input type="checkbox"/> Automotive              | <input type="checkbox"/> Entertainment            | <input type="checkbox"/> Management                        | <input type="checkbox"/> Sheet Metal        |
| <input type="checkbox"/> Banking                 | <input type="checkbox"/> Fabric Products          | <input type="checkbox"/> Military/Fire/Protective Services | <input type="checkbox"/> Trucking/Delivery  |
| <input type="checkbox"/> Care Giver              | <input type="checkbox"/> Food Service/Bakers/Cook | <input type="checkbox"/> Painting                          | <input type="checkbox"/> Upholstery         |
| <input type="checkbox"/> Carpentry               | <input type="checkbox"/> Gardening/Landscaping    | <input type="checkbox"/> Personal Care Services            | <input type="checkbox"/> Warehouse          |
| <input type="checkbox"/> Commercial Fishing      | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Plumbing/Electrical               | <input type="checkbox"/> Welding            |
| <input type="checkbox"/> Computer/Electronics    | <input type="checkbox"/> Hotel                    | <input type="checkbox"/> Printing                          | <input type="checkbox"/> Other _____        |

**Pay Rate:** (Outside of prison jobs only) \$ \_\_\_\_\_ per     hour /     week /     month /     year (check one)

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_                      **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  (MM) (DD) (YYYY)    (MM) (DD) (YYYY)

**Reason for Job Ending:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arrested         | <input type="checkbox"/> Lack of Work/Laid Off | <input type="checkbox"/> Reassigned          |
| <input type="checkbox"/> Fired for Cause  | <input type="checkbox"/> Paroled               | <input type="checkbox"/> Temporary Job Ended |
| <input type="checkbox"/> Injured/Disabled | <input type="checkbox"/> Quit                  | <input type="checkbox"/> Other _____         |
- (Please specify)

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- (Please specify)

### CALPIA Supervisor Application Review:

Has the inmate worker completed the required Inmate Intake form to be submitted with this form?  Yes  No  
**(If no, the inmate worker must complete the Inmate Intake form prior to electronic submission of this form.)**

Supervisor's Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Inmate Assignment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

**Submitted By:**

I hereby certify that the above information has been entered as completed on hardcopy by the inmate.

Name	Title	Date
		09 / 23 / 2015

Phone: (\_\_\_\_) \_\_\_\_\_ - ext. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Your e-mail will serve as verification of date sent and as an electronic signature stamp as to who is submitting the form.

**Click For Important  
Submission Information**

**Please verify all appropriate boxes have been checked.  
Print the hard copy for the CALPIA inmate file.  
Then click the SUBMIT button below to automatically send this form:**

PRINT

SUBMIT

SAVE & CLOSE

# Inmate Employability Tracking System Inmate Worker Application Instructions

This form is to be completed by the inmate worker at pre-employment or start of employment. The purpose of this form is to gather the background and abilities of the incoming California Prison Authority (CALPIA) inmate worker as a mechanism to ascertain the necessary services for the inmate worker from employment through transition.

*This information will only be kept in CALPIA Central Office and will not be used by other State agencies.*

## Important Information

- This form must be printed in hard copy and given to the inmate worker to complete.
- This form must be entered electronically by CALPIA staff as completed by the inmate worker.
- The handwritten Inmate Worker Application, as completed by the inmate worker, must be retained in the institution CALPIA inmate file.
- This form can only be accepted typed and electronically-submitted via e-mail to: [IEP-Forms@calpia.ca.gov](mailto:IEP-Forms@calpia.ca.gov) for the Application and Intake Form to be entered into the IETS database. **Any handwritten, scanned or faxed forms will be returned.**
- The CALPIA Superintendent or Supervisor must verify the entire application has been completed by the inmate.

## Instructions

### Lifer Designation

**Lifer Designation** – Check **LIF** if the inmate has a “Life” or “Life Without Parole” sentence.

**Expected Parole Date** - Enter the expected parole date. This field is required for all inmates not identified as LWOP in the previous field. If the inmate has been identified as serving a Life Without Possibility of Parole sentence, continue on to the next field.

### Education Information/GED Requirement Reviewed

The Education Information section **must** be completed by the inmate. Highest Grade Completed is indicated by the inmate checking the appropriate box. If grade level (6<sup>th</sup> to 12<sup>th</sup>) box is checked, ensure the appropriate grade is noted in the space provided.

Select the appropriate GED Requirement Reviewed box. If the inmate’s GED was reviewed, enter the Verifier’s Name (i.e., CALPIA staff or CCI who validated GED review) and the date the GED review was conducted.

### Employment History Information

The Employment History Information section **must** be completed by the inmate. If the inmate has checked the “No History of Work Experience” box, ensure the inmate has no prior work experience **inside** or **outside** the institution. The Supervisor shall ensure the List Work History section is complete and includes CALPIA and CDCR assignments as well as all outside employment. If exact dates are unknown, indicate approximate dates using the month, day, and year.

### CALPIA Supervisor Application Review

This form must be submitted in conjunction with the Inmate Intake form to be entered into the IETS. The CALPIA Supervisor Application review section **must** be completed by the supervisor.

### Submitted by

The submitting CALPIA staff **must** check the box certifying that the information has been accurately entered as completed by the inmate.

## Submission

### Submission Information

Upon verification that all appropriate boxes and fields have been completed, click the **SUBMIT** button and you will be directed to an Outlook E-mail screen where the form will be automatically attached. Then follow these steps:

1. In the **CC**, add your Institutional IEP Coordinator’s name.
2. In the **subject line**, fill in your institution acronym, inmate last name and inmate number (no dash and no space.)

For example: **ASP-SMITH AB4321.**

3. **Send.**

Your e-mail will serve as verification of date sent and as an electronic signature stamp as to who is submitting the form.