



Worker Application and Intake

Part A: Worker Application

This form is part one of a two-part form to be completed by all worker applicants seeking employment with California Prison Industry Authority (CALPIA). The purpose of this form is to gather the background and abilities of the prospective CALPIA worker at pre-employment in conformance with a real-world work environment.

The information from Parts A and B of this form will be kept electronically in CALPIA Central Office.

Part A of this form is the Worker Application and Part B of this form is the Intake. Both forms must be completed by all CALPIA offender workers upon assignment to a CALPIA enterprise or factory.

Offender Information:

Offender Name: _____
First Middle Last Suffix (I,II,III,Jr., Sr.)

CDCR Number: _____ Institution: _____ Enterprise: _____

Position Applying For: _____ Earliest Possible Release Date: _____
(mm/dd/yyyy)

Housing: _____ Custody Level: Level I Level II Level III Level IV

Lifer Designation: LIF LWOP

Education: (Completion of this field is required):

Highest Grade Completed: (enter grade level and/or check one)

- | | |
|---|--|
| <input type="checkbox"/> Less than 6th Grade | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grade (6th through 12th) ____ th | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> GED - Please Mark Below | <input type="checkbox"/> Doctorate Degree/PhD |
| <input type="checkbox"/> Currently Enrolled | <input type="checkbox"/> Professional Degree |
| <input type="checkbox"/> Obtained Inside | <input type="checkbox"/> Some College but Obtained No Degree |
| <input type="checkbox"/> Obtained Outside | |

The following section is to be filled out by institution staff only. Please complete below if the offender worker's GED documentation has been reviewed.

GED Requirement Reviewed: Yes No

Verifier's Name: _____ Review Date: _____
(mm/dd/yyyy)

Verifier's Agency: _____

Basic Computer Skills: Advanced Beginner Intermediate None

School/Institution	Type of Training or Vocation	Date of Attendance		Degree or Certifications Earned
		Start Date	End Date	

Employment History:

No history of work experience: *Check this box only if you do not have any prior work experience inside or outside the institution.*

List Work History (1): *(Begin with most recent). Include CALPIA, CDCR, and all outside work experience.*

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

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

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

List Work History (2): *(Begin with most recent). Include CALPIA, CDCR, and all outside work experience.*

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

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

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

Worker Application and Intake

List Work History (3): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

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

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

List Work History (4): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

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

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

Worker Application and Intake

List Work History (5): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

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

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

Notes: (Any additional information from the applicant or from the interview with the supervisor can be entered here.)

Worker Application and Intake

Part B: Intake

This form is part two of a two-part form to be completed by all worker applicants seeking employment with California Prison Industry Authority (CALPIA). The purpose of this form is to gather the background and abilities of the prospective CALPIA worker at pre-employment in conformance with a real-world work environment.

Part A of this form is the Worker Application and Part B of this form is the Intake. Both forms must be completed by all CALPIA offender workers upon assignment to a CALPIA enterprise or factory.

Offender Information:

Also Known As/Aliases: _____

Date of Birth: _____ Social Security Number: _____ INS Hold
(mm/dd/yyyy) (###-##-####)

Place of Birth: _____
County State Country

Have you ever been issued a California Driver License or Identification Card: Yes No

Parole County: _____ If outside of California, check box:

Offender Worker Demographics:

Gender: Male Female

Ethnicity: *Select one or more.*

White Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Hispanic or Latino or Spanish Origin

Sub Ethnicity: *(Optional) Select one or more subethnicities.*

<input type="checkbox"/> Europe	<input type="checkbox"/> Far East	<input type="checkbox"/> Haitian	<input type="checkbox"/> Hawaii	<input type="checkbox"/> North America	<input type="checkbox"/> South America
<input type="checkbox"/> Middle East	<input type="checkbox"/> Southeast Asia	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Guam	<input type="checkbox"/> South America	<input type="checkbox"/> Central America
<input type="checkbox"/> North Africa	<input type="checkbox"/> Indian subcontinent	<input type="checkbox"/> Other _____	<input type="checkbox"/> Samoa	<input type="checkbox"/> Central America	<input type="checkbox"/> Mexican
<input type="checkbox"/> German	<input type="checkbox"/> Cambodia		<input type="checkbox"/> Other _____	<input type="checkbox"/> Navajo Tribe	<input type="checkbox"/> Mexican American
<input type="checkbox"/> Irish	<input type="checkbox"/> China			<input type="checkbox"/> Mayan Tribe	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Lebanese	<input type="checkbox"/> India			<input type="checkbox"/> Tlingit Tribe	<input type="checkbox"/> Cuban
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Japan			<input type="checkbox"/> Other _____	<input type="checkbox"/> Argentinean
<input type="checkbox"/> Other _____	<input type="checkbox"/> Korea				<input type="checkbox"/> Colombian
	<input type="checkbox"/> Malaysia				<input type="checkbox"/> Dominican
	<input type="checkbox"/> Pakistan				<input type="checkbox"/> Nicaraguan
	<input type="checkbox"/> Philippine Islands				<input type="checkbox"/> Salvadoran
	<input type="checkbox"/> Thailand				<input type="checkbox"/> Spaniard
	<input type="checkbox"/> Vietnam				<input type="checkbox"/> Other _____
	<input type="checkbox"/> Hmong				
	<input type="checkbox"/> Laotian				
	<input type="checkbox"/> Thai				
	<input type="checkbox"/> Other _____				

Primary Language: English Spanish Other: _____

Secondary Language: English Spanish Other: _____ N/A

CDCR Programs Participated In: *(Check all that apply)*

Academic Program (i.e. GED) Joint Venture Support Service

Substance Abuse Program (SAP) Vocational Education



Worker Application and Intake

Assignment Information: *(This section to be completed only by CALPIA staff.)*

Assignment Start Date: _____
(mm/dd/yyyy)

Work Supervisor: _____ Title: _____

Work Supervisor Phone: _____ Ext: _____
(###-###-####)

Job Title: _____ Position Number: _____

SOC Code: _____ *You can find the appropriate SOC code at: <http://online.onetcenter.org/crosswalk>*

Job Status at Start: Full-Time Part-Time Lead

Certified/Approved By:

As superintendent or supervisor, I hereby certify that the above information has been entered as completed in hardcopy form by the offender.

Name: _____ Title: _____ Date: _____
(mm/dd/yyyy)

Phone: _____ Ext: _____ Email: _____
(###-###-####)

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

NOTICE

California Information Practices Act (IPA)
(California Civil Code 1798)

The State of California Information Practices Act requires California Prison Industry Authority (CALPIA) to provide the following information to individuals who are asked to supply information about themselves:

The principal purposes for requesting the information on this form are: (1) teaching tool to model private industry job applications (2) ascertain if applicant meets the hiring standards for employment (3) assist during transition to private industry job offers upon release (4) collect data for statistical purposes to measure recidivism. California Civil Code section 1798.14 authorizes collection and maintenance of this information.

Furnishing all information requested on this form is mandatory - failure to provide such information or providing false information will result in delays or will disqualify participation in CALPIA programs. *Exception: Current INS Hold offenders may omit social security number with an exemption pursuant to California Code of Regulations, Section 8004 (e) of Title 15.*

Information furnished on this form may be used by the following California state agencies: (1) Employment Development Department to obtain wage data of former California Department of Corrections and Rehabilitation offenders to access the impact of rehabilitation services (2) Department of Justice to measure recidivism of state prisoners who participated in CALPIA programs and return to jail or prison. Information on this form will be used during CALPIA's Transition to Employment Program. Information on this form will be transmitted to State and Federal government as required by law.

Individuals have the right to review their own records one time per calendar year. The official responsible for maintaining the information contained on this form is: Staff Services Manager of the Industry Employment Program.