



P2E INITIAL INTERVIEW

(This application will NOT be used for hiring purposes)

PLEASE PRINT CLEARLY

Last Name:
First Name:
Soc Sec #:

Date of Birth:
Age:
Gender: Female Male

Street Address:
City/State/Zip:
Home Phone:
Cell Phone:

Mailing Address:
City/State/Zip:
Message Phone:
Email:

We can help you set-up an email address if you do not have one.

Alternate Contact

Name:

Phone:

General Information

Do you plan on staying in the area? Yes No _____

What mode of transportation do you use? Walk Bus Car Bicycle

Do you have a California Driver's License? Yes No Details: _____

Do you have Tribal Status? Yes No

Referred By: Parole Probation MCRP ACS (SO) TAY/Diversion Juvenile Hall
 Other _____

Date (include year) and facility of most recent release: _____

Type of facility: Federal State County N/A

Post-Release Supervision: _____ Supervising Officer: _____

Supervising Officer Phone: _____ Email: _____

Total years incarcerated (lifetime): _____ Total number of offenses (if known): _____

CDCR Number (if applicable): _____

Work History

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

Education/Certifications/Job Interests

Do you have a high school diploma or equivalent? Yes No

Do you have any certifications? Yes No

If Yes, please list: _____

Did you participate in any programs while incarcerated? Yes No (If Yes, please list below)

Education: _____

Vocational: _____

Recreational: _____

Other: _____

Have you applied for, or enrolled in, any other programs? _____

What are your current plans? Part-Time Job Full-Time Job Vocational Training Diploma/GED/HiSet

Meet Court Requirements College Access Other Services

Industry of Choice: Construction Welding Landscaping Office/Clerical Restaurant/Food

Retail Help People Agriculture Computers/IT Warehouse/Forklift

Other _____

Staff Signature: _____ Date: _____

WIOA Application # _____ Entered in CalJOBS

If the applicant is not enrolled into the P2E program, please indicate which partner agency(ies) the applicant was referred to:

AJCC (Career Services) Department of Rehabilitation Health/Counseling Temporary Employment Agency

Social Security Administration Social Services Agency Other _____

Information Related to Medical/Disability Status

Applicant Name: _____

We are required by law to collect and maintain medical and disability status information separately from our routine data collection process. We collect the following information to ensure we explore all possible sources of funding to meet your employment and training needs.

Are you pregnant? Yes No

Do you have a disability? Yes No

If Yes, briefly describe your employment-related limitations: _____

Do you have any mental or emotional health issues? Yes No

If Yes, describe briefly: _____

Do you take any medications? Yes No

If Yes, list: _____

Do you have substance abuse issues? Yes Current Past No

If Yes, describe briefly: _____

Would you consider any of the following as part of your plan?

- Residential Treatment Outpatient Treatment Medically Assisted Treatment
 Religion Based Services Supplemental Security Income (SSI) Counseling