

INMATE JOB INFORMATION CARD

Name: _____ DOC # _____

DOB: _____ Race: _____ Gender: _____ Facility Receipt. Date: ____/____/____

Inmate Job Title: _____

Employer's/Business Name: _____

Employer's/Business Address: _____
City State Zip Code

Employer's/Business Phone No.: Work (____) _____ Cell (____) _____

Fax (____) _____

Name and phone number of person to contact after hours:

Name Telephone Number

Date Started Work: ____/____/____ Rate of Pay: _____

Will you be paid: (circle one) Weekly, Bi-weekly Monthly

When is your first pay day? _____

Work Hours:

Special tools or fees required? _____

Transportation Arrangements: Facility, Employer or Approved Visitor

Name: _____ Contact # _____

Inmate's Signature and DOC #: _____ Date _____

THIS FORM MUST BE TURNED IN WITHIN 48 HOURS OF STARTING EMPLOYMENT!

Employment Coordinator's Signature and Date: _____

Facility Head Signature and Date: _____

APPROVED DENIED-Reason Why _____

Faxed to Host Facility Finance By: _____ Date: ____/____/____

MONTHLY JOB SITE CHECK

The purpose of the monthly job check is to ensure the inmate is at the work site and all information on the inmate job card is accurate and updated monthly. Additional information may be attached to this form.

Year: _____

Month Date and Time Visited Staff Conducting Job Check (Print Legibly) Employer (Company)

January _____

February _____

March _____

April _____

May _____

June _____

July _____

August _____

September _____

October _____

November _____

December _____