

### INMATE JOB INFORMATION CARD

Name: \_\_\_\_\_ ODOC # \_\_\_\_\_

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 payday? \_\_\_\_\_

Work Hours:

Special tools or fees required? \_\_\_\_\_

Transportation Arrangements: Facility, Employer or Approved Visitor Name: \_\_\_\_\_  
Contact # \_\_\_\_\_

Inmate's Signature and ODOC #: \_\_\_\_\_ 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 \_\_\_\_\_