

EMPLOYMENT & TRAINING SERVICES REFERRAL FORM

REFERRAL SOURCE

Date:	_____
Person/Agency/Program:	_____
Phone Number/Email:	_____

JOB SEEKER INFORMATION (please complete ALL fields)

Name:	_____
Address:	_____
City/State/Zip:	_____
Phone Number/Email:	_____
Date of Birth/Age:	_____
Public Assistance:	<input type="checkbox"/> FNS <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICES OF INTEREST (check all that apply)

<input type="checkbox"/> Basic Adult Education/GED	<input type="checkbox"/> Post-Secondary Education	<input type="checkbox"/> Cont. Ed./Credential
<input type="checkbox"/> On-the-Job Training (OJT)	<input type="checkbox"/> Paid/Unpaid Work Experience	<input type="checkbox"/> Job Readiness Training
<input type="checkbox"/> Job Search/Resume Assistance	<input type="checkbox"/> Labor Market Information	<input type="checkbox"/> Career Exploration
<input type="checkbox"/> Other (please describe) _____		

CHALLENGES TO EMPLOYMENT/TRAINING (check all that apply)

<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Housing/Homeless	<input type="checkbox"/> Limited Work History
<input type="checkbox"/> Child Care	<input type="checkbox"/> Criminal Record	<input type="checkbox"/> Disability
<input type="checkbox"/> School Dropout	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other (please describe) _____		

TRAINING/EMPLOYMENT GOALS/OTHER INFORMATION

FORWARD COMPLETED REFERRAL TO:

Chaquita Breland Shanika Williams
cbreland@orangecountync.gov *OR* swilliams@orangecountync.gov
 919-969-3038 (fax) 919-644-3317 (fax)

For more information about our employment programs and to complete this referral online, please visit:
<http://orangecountync.gov/1816/Employment-Services>.