

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: FNS Medicaid TANF Veteran: Yes No

SERVICES OF INTEREST (check all that apply)

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

CHALLENGES TO EMPLOYMENT/TRAINING (check all that apply)

Basic Skills Deficient Housing/Homeless Limited Work History
 Child Care Criminal Record Disability
 School Dropout English Language Learner Transportation
 Other (please describe) _____

TRAINING/EMPLOYMENT GOALS/OTHER INFORMATION

FORWARD COMPLETED REFERRAL TO:

Rebekah Rapoza Shanika Williams
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 919-644-3058 (fax) 919-644-3317 (fax)