

File #: _____



2020-21 Apprenticeship Program Information Sheet

I. PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____

Cell Number: () _____ - _____

Email Address: _____

II. Incarceration Information:

1) At what facility/facilities were you located at while you were incarcerated (Name of facility and state)?

2) What years were in incarcerated?

3) Are you still on probation? If so, can you provide the name and contact number of your probation officer?

III. Employment History:

1) Are you currently employed? If yes, please provide the name of the company, address and the name and number of the supervisor of that company.

2) If you are currently employed, how long have you been employed at this company?

3) Since being released, how many jobs have you had? (Please list the name of the company, job title or position, address and website if possible).

IV. Education:

1) Please provide us with the level of education you have completed:

2) Please provide any programs you took either while incarcerated or after you were released (Please provide the name of the program and year it was taken):

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OBN Foundation Staff only fills in this area:

Time Received: _____ **Date Received:** _____

By who? _____ **File #:** _____

Supervisor: _____

Notes:
