



JOB CENTER REFERRAL FORM

Fields in **bold** are required and much appreciated!

PARTICIPANT CONTACT INFORMATION

***Referral Date:** _____

***Participant Name:** _____ Language: English Español

***Phone:** _____ Permission to Text: YES NO

E-mail: _____ Status: Veteran Disabled

***Currently Homeless?:** YES NO Clarity #: _____

Meeting Preference: In-Person Phone Call Zoom

Work Desired: Day Labor Part-Time Full-Time

PARTICIPANT JOB SKILLS INFORMATION

Please list any skills the participant may have:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Food Service	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Unskilled Labor	<input type="checkbox"/> Painting	<input type="checkbox"/> Handyman
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Medical	<input type="checkbox"/> Management	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Sales	<input type="checkbox"/> Child Care	<input type="checkbox"/> Web Design	<input type="checkbox"/> Moving	<input type="checkbox"/> Masonry	<input type="checkbox"/> Electrical
<input type="checkbox"/> Retail	<input type="checkbox"/> Elderly Care	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Driver	<input type="checkbox"/> Drywall	<input type="checkbox"/> Welding
<input type="checkbox"/> Accounting	<input type="checkbox"/> Animal/Pet Care	<input type="checkbox"/> Programming	<input type="checkbox"/> Demolition	<input type="checkbox"/> Roofing	<input type="checkbox"/> Glazier
<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Dental Care	<input type="checkbox"/> Fast-Typing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Flooring	<input type="checkbox"/> Mechanic

Other Skills: _____

Job-Specific Tools Owned: _____

PARTICIPANT ADDITIONAL INFORMATION

Driver's License: YES NO Access to a Vehicle for Work: YES NO Criminal Record: YES NO

Resume Help Needed: YES NO Highest Level of Education: _____

Add'l Notes: _____

PARTICIPANT REFERRAL APPROVAL BY:

Staff Name: _____ **Site:** _____

Please submit this form via email to jobcenter@hopeofthevalley.org and feel free to call us anytime at 818-691-1191. Thank you!