INSTRUCTIONS

• Instructions to Referral Agency
  Thank you for your interest in participating as a partner in the Targeted Local Hire Program (“Program”). Please complete the form below for candidates whom you have certified as being “job ready” and prepared to be a successful candidate in the Program. Have an authorized signer at your organization sign this form; scan and e-mail it to the Application Site that the candidate will choose to visit to complete the Program orientation and submit the application.

• Instructions to Prospective Candidates
  Please make an appointment at the designated Application Site where the Referral Agency e-mailed this Agency Referral Form. During your appointment, you will go through a brief orientation and receive help submitting an application for the Targeted Local Hire Program. It is recommended that you retain this original Agency Referral Form for your own records and bring it to your appointment, just in case the Application Site did not receive the submission from the Referral Agency.

I. CLIENT
   FIRST NAME: ___________________________ LAST NAME: ___________________________ MIDDLE INITIAL: ___________________________
   PHONE NO. ___________________________ *E-MAIL ADDRESS: ___________________________

II. Referral Agency INFORMATION
   • REFERRAL AGENCY NAME: ___________________________
   • REFERRAL AGENCY ADDRESS: ___________________________
   • REFERRAL AGENCY WEBSITE: ___________________________
   • BUSINESS HOURS: ___________________________
   • CASE MANAGER/CONTACT PERSON FOR CLIENT: ___________________________
   • PHONE NO. ___________________________
   • E-MAIL ADDRESS: ___________________________

III. TRAINING & DEVELOPMENT
   1. Has your Agency provided job readiness training to the client?
      ☐ Yes ☐ No. The client named in Item 1 above is being referred for job readiness training delivered by the Application Site.

   2. Number of training hours completed by client: ___________________________

   3. Training Method (Select All that apply):
      ☐ Online ☐ In-Person ☐ Group/Classroom ☐ Individual/one-on-one training ☐ Hands-on ☐ N/A

   4. If yes, briefly describe the content of the job readiness training provided to the client.

   5. OPTIONAL: Does the client have any training or experience in the following areas?
      ☐ Clerical/Customer Service ☐ Gardening & landscape ☐ Maintenance & Construction
      ☐ Custodial Services ☐ Mechanical
IV. SUPPORTIVE SERVICES
1. Please list all supportive services available to your client through your Agency, if any:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. How long will client receive the support services listed above? ____________________________________________

3. Will client receive supportive services after employment? ____________________________________________

V. CONTINUED SUPPORT
1. Does your Agency commit to provide the client with continued support after employment?
   ☐ Yes ☐ No
   (Examples of “continued support”: help client resolve a difficult interpersonal challenge at work; provide mentoring services, etc.)

2. Please provide the contact person that will provide continued support.
   - Name: ____________________________________________
   - Phone No.: ____________________________________________
   - E-mail: ____________________________________________

VI. TARGETED LOCAL HIRE PROGRAM
1. Please select the client’s job interests (Select All that apply):
   ☐ Clerical/Customer Service ☐ Gardening and Landscape
   ☐ Custodial Services ☐ Mechanical
   ☐ Maintenance and Construction

2. Please select the all work environments in which the client is willing to work (Select All that apply):
   ☐ willingness to work indoors ☐ willingness to work outdoors ☐ willingness to perform physical labor
   ☐ willingness to operate a vehicle and has a valid driver’s license

3. Please select the client’s geographic/work location preferences (Select All that apply):
   ☐ Downtown ☐ Harbor/San Pedro ☐ San Fernando Valley ☐ LAX/Westchester
   ☐ East Los Angeles ☐ South/Central Los Angeles

4. Please select the client’s work shift preferences (Select all that apply)
   ☐ Day ☐ Evening ☐ Late Night ☐ Weekends

VII. AUTHORIZED ORIGINAL SIGNATURE
Please provide an original signature from an authorized signer, authorized signer’s position title, e-mail and phone number.

X_________________________________
Authorized Signer’s Position Title: _______________________
Telephone No.: _____________________________
E-mail Address: ____________________________