

Work Release/Electronic Monitoring
Program Application

Name: First _____ MI _____ Last _____ DOB _____

Age: _____ Address: _____

Phone: _____ Message Phone: _____ SS# _____

Present Offense _____ Expected Sentence: _____

Attorney: _____ Court: _____ Cause# _____

Pending Offenses: _____

Previous participation: Work Release _____ Electronic Monitoring _____ Work Crew _____

Check if you have been convicted of: Assault _____ Escape _____ Sex Offenses _____

Violent Offenses _____ Domestic Violence / Harassment / Violation of no contact _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Rate of Pay: _____ Pay Periods: _____ Schedule: _____

Valid Driver's License: _____ Insurance _____ Driver's License #: _____

If no, transportation to be provided by: _____

Valid Driver's License: _____ Insurance: _____ Driver's License #: _____

Make: _____ Model: _____ Color: _____ Year: _____

License Plate #: _____ Insurance Company: _____

Have you ever attended drug/alcohol treatment _____ If yes, where _____

Do you use any illegal drugs _____ if yes, what is used _____

Date of last use _____ How often do you use _____

Could you pass a UA today _____

Are you presently under a care of a physician for any reason at all _____

If yes explain: _____ Date of last Visit: _____

Physicians's Name: _____ Insurance Company: _____

Are you currently taking any medications: _____ If yes, List: _____

Are you currently involved in mental health services: _____ Where: _____

Have you ever attempted suicide: _____ Current suicidal ideation: _____

In case of an emergency, contact: _____ Phone # _____

Address of emergency contact: _____

I certify that all information contained in this application is true.

Applicant signature Date Interviewer's Signature Date

Approved / Denied: If denied, reason: _____
