

Request to Obtain/Change Employment

Your Name: _____ Date: _____

Are you currently employed? YES NO

If YES, explain where you are currently employed, and why you want to change employers:

If YES, do you intend to keep this job? _____

If NO, how long has it been since you were last employed? _____

Please give the following information regarding the position you are wanting to take:

Name of employer: _____

Address: _____

Phone#: _____ Supervisor's name: _____

Position: _____ Wage: _____ Hourly Weekly Monthly

How often will you receive a paycheck? Weekly Bi-Weekly Bi-Monthly Monthly

When would you start? _____ Hours per week? _____

Does the employer know that you are in drug court? YES NO

If not, please explain why you have not shared that information with the employer:

How did you find out about this job? _____

If you know any other employee(s) who work for this employer, please list them below:

Will you be able to meet your financial needs† with this job? YES NO

†Be sure to attach a budget that shows how you will use the money you earn to help meet your financial needs. You can get a budget form and help filling it out if need be from your supervision officer.

By signing below, I, _____, acknowledge that 1) a background check may be run on the employer and its employees, 2) to the best of my knowledge the above information is true, 3) if it is determined that I have falsely given any information regarding the employer or those who are employed there, my request will be denied, 4) I must fill out a budget each month that reflects how I will use the money I earn to help meet my financial responsibilities, 5) if it is determined that my employment with the above requested employer would not be beneficial to my participation in drug court, my request will be denied and the reason for denial will be explained to me by my supervision officer, 6) once it has been determined that I shall not be employed by the requested employer, I will be required to terminate my position immediately if I have begun employment with the employer, and 7) I have read and understand the *Participant's Handbook* with respect to program conditions and rules regarding employment.

Participant's Signature

Date

For office use only:

_____ Employer was verified

_____ Any employees with whom the participant is acquainted have been verified.

_____ Budget showing intent to meet financial needs is attached.

_____ **Approved**

Restriction(s) on employment:

_____ **Denied**

Reason(s) for denial:

Supervision Officer's Signature

Date

(Coordinator's Signature Required for Request **Outside** Lancaster County)