



I. CLIENT INFORMATION (all fields required)

First Name:		Last Name:		Middle Initial	
Phone No.		Address:			
E-mail:					
Employee ID (current City employees only):					

* NOTE: Client's email address is required at the time of completing an application.

II. REFERRAL AGENCY INFORMATION (all fields required)

Referral Agency Code	R01	Referral Agency Name	
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III. CLIENT ASSESSMENT (all fields required)

The "Case Manager" indicated in this Section is a Referral Agency employee who has assessed the client for job readiness and certifies the accuracy of the information below.

Case Manager Name:		Date:	
Email Address		Phone No.	

1. Case Mgr Initials _____

I have determined that the client is job ready and prepared to be a successful candidate in the Targeted Local Hire Program.

a. How much time was spent with the client? _____

b. How was the client assessed? (check any and all that apply)

<input type="checkbox"/> In-Person Case Manager Assessment <input type="checkbox"/> Classroom Training <input type="checkbox"/> Online Training and/or Assessment <input type="checkbox"/> Previous Job Experience <input type="checkbox"/> Other	Please provide a brief description of how you screened the client:
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2. Case Mgr Initials _____

I have ensured the client has a valid e-mail address, is able to access the account, and is able to retrieve and send messages.

IV. CONTINUED SUPPORT FOR CLIENT THROUGH EMPLOYMENT (all fields required, unless otherwise indicated)

Will your Referral Agency provide continued support to the client once hired by the Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(complete a, b on p.2)	(link to Section V)

The Program encourages continued support for the client through employment to ensure not only hire through the program, but employment retention with the City for years to come. Examples of "continued support" are: providing case management services after hire, helping client resolve a difficult interpersonal challenges at work, mentorship or peer group programs, other supportive services, etc.

a. Continued Supportive Services, Other Services

Please list all supportive services available to your client through your Referral Agency.
 If your client will have access to all services you provide, please indicate "Per Services Inventory List" (based on the services you indicated on your Agency Acknowledgement Form).

How long will client receive the support services listed above?

- Until initial hire with Program
- Until completion of Program (1 year)
- As long as client needs
- Other

Please provide a short explanation if "Other":

b. Case Manager for Continued Support. The "Case Manager" indicated here is a Referral Agency employee who will be coordinating services for the client, or will be the first contact to identify how the services indicated above will be provided.

Case Manager Name	Email Address:	Phone #:
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V. JOB PATHWAYS – TARGETED LOCAL HIRE PROGRAM (all fields required)

1. Please select the client's job interests (select all that apply): It is recommended that the Case Manager assess whether a client is truly interested in and indicates an aptitude for a particular job pathway.

- | | |
|---|--|
| <input type="checkbox"/> Clerical/Customer Service | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Custodial Services | <input type="checkbox"/> Performing manual and clerical work in ordering and keeping track of supplies and equipment which may include assembling, making minor repairs, and maintenance to tools and equipment |
| <input type="checkbox"/> *Driving an automobile delivering and picking up mail, supplies, and department materials; and performing routine clerical, messenger, and stockroom duties. | <input type="checkbox"/> Providing care for animals in shelters, including cleaning and caring for sick animals in undesirable conditions |
| <input type="checkbox"/> Gardening and Landscape | <input type="checkbox"/> *Door-to-door inquiring for current dog & horse licenses, collecting license fee payments, verifying current rabies vaccinations and sterilization of dogs, reconciles and balances daily collections |
| <input type="checkbox"/> Maintenance and Construction | |
| <input type="checkbox"/> *Street Repair / Construction | |

* I understand that I must have a valid California driver's license at the time that I am hired to perform this work.

2. Please select all work environments in which the client is willing to work (select all that apply):

- working indoors working outdoors performing physical labor operating 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

VI. OTHER JOB OPPORTUNITIES: ASSOCIATE COMMUNITY OFFICER PROGRAM (ACOP) [OPTIONAL]

The Associate Community Officer Program (ACOP) is handled by the Recruitment and Employment Division (RED) of the Los Angeles Police Department. This opportunity is OPTIONAL and is not a part of the Targeted Local Hire Program. Please see below for more information regarding the ACOP and confirm the client's interest.

Description:

In preparation for a career in law enforcement, an Associate Community Officer is a civilian employee of the Los Angeles Police Department (LAPD) who performs a variety of law enforcement support duties under general supervision and performs related work as required. During the performance of job duties, Associate Community Officers may be rotated to varying assignments. It is expected that Associate Community Officers will be prepared to join LAPD as Police Officers after time in this class.

- I am interested in the Associate Community Officer Program (ACOP) that is handled by the Recruitment and Employment Division.
- I understand that I will be contacted by the Recruitment and Employment Division regarding the Associate Community Officer Program.

Section VII below may only be completed by an Approved Signer of an authorized Referral Agency.

VII. AUTHORIZED SIGNATURE (all fields required)

Please provide an original signature from an authorized signer and complete the fields below.

X	Date:
Signature	Date
Authorized Signer Name (PRINT):	_____
Position Title:	_____
Telephone Number:	_____
E-mail Address:	_____

NEXT STEPS

1. Original Form to stay with client.
2. Scan e-copy and email to Application Site where client will be scheduling application appointment.
3. For applicable email addresses to the Application Sites, go to the **Inside TLH** page for Referral Agencies.