IDAHO DEPARTMENT OF CORRECTION Employment Release Hire Sheet

Please complete this form when you have a job offer, obtain the information by asking the employer or using the phone book. You will not start work until you provide this mandatory information and return this form to the employment coordinator.

<u>Please Print</u>

Resident's Name:					IDOC #:	
Business Name:					Phone#:	
Supervisor/Co	ontact's Name:					
Address:					Wage:	
Date Hired: Start Date and Time: _				and Time:		
Position/Work	Duties:					
Employment	Schedule (ho	urs and days yo	u will work):			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Special condi	tions, work clot	hes, tools, etc.				
List all person	ոs at this work բ	place that you kr	now:			
Is there anyone at this work site that is on probation or parole? Yes No (If yes, please list):						
If you have pr the following i		ss that conflict v	with your empl o	yment sched	ule (see above)	, please provide
Progr	amming/Class:	·				
Instru	ıctor's Name: _					
Programming	g/Class Sched	lule (hours and	days you atten	d class):		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Approved: Date:						