



655 N. Alvernon Way, Suite 205, Tucson, AZ. 85711, 520.324.0402

**Participant Employment Sheet**  
**(PLEASE ANSWER EVERY QUESTION)**

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Message Phone # \_\_\_\_\_

SS# \_\_\_\_\_ Email: \_\_\_\_\_

JP Training Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your job title? \_\_\_\_\_

How long employed? \_\_\_\_\_ Starting Date: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Number of hours worked each week? \_\_\_\_\_ What shift? \_\_\_\_\_

Yearly Salary \$ \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_

Shift differential \$ \_\_\_\_\_

What does your benefits package include? Please Check:

\_\_\_ Vacation \_\_\_ Sick Days \_\_\_ PTO \_\_\_ Dental

\_\_\_ Health Insurance \_\_\_ Retirement \_\_\_ Pension plan

\_\_\_ Other \_\_\_\_\_

Are you working in the field you were trained in? Yes No

To work in your field did you need to pass a certification test? Yes No

Have you been able to take the test? Yes No

Have you received your certification? Yes No