

**State of California
Office of Administrative Law**

In re:
California Prison Industry Authority

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections:

Amend sections: 8000, 8004.2

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2025-0110-02

OAL Matter Type: Regular Resubmittal (SR)

This rulemaking action by the Prison Industry Authority amends regulations relating to job-required training and acknowledgements relating to program assignments.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2025.

Date: February 25, 2025



Kevin D. Hull
Senior Attorney

For: Kenneth J. Pogue
Director

Original: William Davidson, General
Manager

Copy: Kelly Mortenson

REGULAR

For use by Secretary of State only

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2025-0110-02SE	EMERGENCY NUMBER
------------------	---------------------------------	---	------------------

For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 25 2025
1:36 PM AB

OFFICE OF ADMIN. LAW
2025 JAN 10 PM8:52

OTHER AGENCY
REQUEST
KDH

NOTICE	REGULATIONS
--------	-------------

AGENCY WITH RULEMAKING AUTHORITY

California Prison Industry Authority 2/25/25

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER <i>2024, 01-2</i>	PUBLICATION DATE <i>1/5/24</i>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Job Required Training	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2024-0813-02, Related Matter Number
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	AMEND
15	8000, 8004.2
TITLE(S)	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
15-Day Availability: 10/21/24-11/5/24

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
--	--	---	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Kelly Mortenson	TELEPHONE NUMBER (916) 413-1140	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) piaregs@calpia.ca.gov
---	---	-----------------------	---

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>William Davidson</i>	DATE 10/24/2024
TYPED NAME AND TITLE OF SIGNATORY William Davidson, General Manager	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 25 2025

Office of Administrative Law

Title 15. Crime Prevention and Corrections
Division 8. California Prison Industry Authority
Chapter 1. Rules and Regulations of California Prison Industry Authority
Article 3. CALPIA Inmate Work/Training and Education

CALPIA proposes to amend as follows:

§8004.2. Recruitment and Appointment Process.

(a) The CALPIA Prison Industries Administrator/CALPIA Lead Manager or CALPIA Workforce Development Coordinator at each facility/institution is responsible for coordinating the recruitment of incarcerated individuals with the institution's/facility's ~~correctional counseling staff or the~~ CDCR classification services staff.

(b) Incarcerated individuals must obtain and complete the Worker Application and Intake form, (CALPIA IEP-F002/IEP-F003 (1/26/23, Rev. R)), 42/24/2015 Rev. H Form, ~~which is hereby~~ incorporated by reference, to apply for a CALPIA work/training position. This form ~~may be obtained is available from~~ CALPIA staff ~~to the incarcerated individual population~~ throughout institutions with CALPIA enterprises.

(c) Incarcerated individuals must submit the completed forms referenced in subsection (b) to the CDCR correctional counselor staff, CALPIA Workforce Development Coordinator, or the CALPIA Supervisor at the incarcerated individual's institution to begin the initial screening process.

(d) The CALPIA Prison Industries Administrator/CALPIA Lead Manager, or CALPIA Workforce Development Coordinator must, in coordination with the CDCR correctional counselor staff, conduct a central file review, ensuring eligibility standards and requirements, in sections 8004 and 8004.1 are met.

(e) Upon confirmation of program eligibility, incarcerated individuals who have applied for a CALPIA position and have been placed into CALPIA's Incarcerated Individual Candidate Pool (ICP) may be assigned to an ~~appropriate~~ work/training program in accordance with California Code of Regulations (CCR), Title 15, Division 3, Section 3040(c).

(f) Upon the availability of a vacant CALPIA position, CALPIA enterprise staff must:

(1) Request a list of eligible incarcerated individuals ~~from the ICP from the~~ institution's/facility Assignment Lieutenant responsible for maintaining the ICP list.

(2) Interview eligible incarcerated individuals from the ICP-list.

(3) Make ~~the~~ a final selection of incarcerated individuals based on the following priority of ~~the following~~ educational achievements:

(A) High ~~S~~school ~~D~~iploma, High School Equivalency (HSE), ~~or~~ General Education Development (GED), or Certificate of Attendance and Participation (CAP).

(B) Enrolled in a GED program or a prescribed high school alternative course of study.

(C) No high school diploma, GED, HSE, GED, or CAP and not enrolled in an education program or prescribed high school alternative course of study.

(4) Submit a final list of ~~successful~~ eligible incarcerated individual applicants on the Offender Job Change Request Form (CALPIA Form SOMS F001 (3/26/2016)), hereby incorporated by reference, to the institution's/facility's Assignment Lieutenant Inmate Assignment Office.

(g) In addition to the priorities set forth in subsection (f)(3)(A) through (C), CALPIA will also give consideration to part-time CALPIA incarcerated individuals who are enrolled graduate from in a substance abuse disorder treatment program or complete any other CDCR rehabilitationg programs when filling full-time assignments.

(h) A urinalysis test must be ~~requested~~ completed on all incarcerated individuals newly assigned to CALPIA within 30 days of their start date. ~~See subsection 8004.3(a) for requesting guidelines.~~

(i) As part of the appointment process, the incarcerated individual's supervisor will provide to the ~~inmate~~ incarcerated individual, for signature, acknowledgement(s) of policies, procedures, and appointment documents for review and as well as signature on the Incarcerated Individual Acknowledgement of Policies, Procedures, Rules and Regulations form (CALPIA FORM IEP F029 (8/1/202012/18/24, Rev. B)), hereby incorporated by reference. Failure or refusal to sign ~~an~~ the acknowledgement(s) of ~~receipt of these policies, procedures, and appointment documents as well as the CALPIA IEP-F029 will result~~ in immediate removal and being unassigned from the incarcerated individual's current CALPIA work/training assignment program.

(1) An incarcerated individual's signature on this form acknowledges their understanding that participation in a CALPIA work/training assignment requires compliance with all policies, procedures, rules, and regulations listed on the form, and that completion of all job-required training, including on-the-job-training and job-required curriculum, is a condition of continued program assignment. Failure or refusal to sign the form, comply with all policies, procedures, rules, and regulations on the form, or complete any component of the job-required training results in immediate removal and

being unassigned from the incarcerated individual's current CALPIA work/training assignment.

NOTE: Authority cited: Sections 2801 and 2808, Penal Code. Reference: Sections 2801 and 2805, Penal Code.

Title 15. Crime Prevention and Corrections
Division 8. California Prison Industry Authority
Chapter 1. Rules and Regulations of California Prison Industry Authority
Article 1. Scope of Authority

§8000. Definitions.

... "CALPIA Program" is a CALPIA work (includes training and education) program for incarcerated individuals. CALPIA Programs teach incarcerated individuals trades and skill sets including education and life skills, *KK 1/10/25*

"CDCR" is the California Department of Corrections and Rehabilitation.

Note: Authority cited: Sections 2801 and 2809, Penal Code. Reference: Sections 2800, 2801, 2803, 2805, 2806, 2807, 2808, 2809 and 2811, Penal Code; and Sections 6303 and 6304.3, Labor Code.



Worker Application and Intake

Part A: Worker Application

This form is part one of a two-part form to be completed by all worker applicants seeking employment with California Prison Industry Authority (CALPIA). The purpose of this form is to gather the background and abilities of the prospective CALPIA worker at pre-employment in conformance with a real-world work environment.

The information from Parts A and B of this form will be kept electronically in CALPIA Central Office.

Part A of this form is the Worker Application and Part B of this form is the Intake. Both forms must be completed by all CALPIA incarcerated individual workers upon assignment to a CALPIA enterprise or factory.

Incarcerated Individual Information

Incarcerated Individual Name: _____
First Middle Last Suffix (I,II,III,Jr., Sr.)

CDCR Number: _____ Institution: _____ Enterprise: _____

Position Applying For: _____ Earliest Possible Release Date: _____
(mm/dd/yyyy)

Housing: _____ Custody Level: Level I Level II Level III Level IV

Lifer Designation: LIF LWOP

Education: (Completion of this field is required):

Highest Grade Completed: (enter grade level and/or check one)

- Less than 6th Grade
- Grade (6th through 12th) ____ th
- High School Diploma
- GED - Please Mark Below
 - Currently Enrolled
 - Obtained Inside
 - Obtained Outside
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree/PhD
- Professional Degree
- Some College but Obtained No Degree

The following section is to be filled out by institution staff only. Please complete below if the offender worker's GED documentation has been reviewed.

GED Requirement Reviewed: Yes No

Verifier's Name: _____ Review Date: _____
(mm/dd/yyyy)

Verifier's Agency: _____

Basic Computer Skills: Advanced Beginner Intermediate None

School/Institution	Type of Training or Vocation	Date of Attendance		Degree or Certifications Earned
		Start Date	End Date	

Worker Application and Intake

Employment History:

No history of work experience: Check this box only if you do not have any prior work experience inside or outside the institution.

List Work History (1): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> A/C and Refrigeration | <input type="checkbox"/> Construction/Modular | <input type="checkbox"/> Hotel | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Production/Factory |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Dental/Medical/Optical | <input type="checkbox"/> Knitting Mill | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agriculture/Dairy | <input type="checkbox"/> Driver | <input type="checkbox"/> Laborer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Assembler | <input type="checkbox"/> Education | <input type="checkbox"/> Laundry | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electrical | <input type="checkbox"/> Longshoreman/Shipyards | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Management | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Care Giver | <input type="checkbox"/> Fabric Products | <input type="checkbox"/> Military/Fire/Protective Services | <input type="checkbox"/> Trucking/Delivery |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Food Service/Bakers/Cook | <input type="checkbox"/> Painting | <input type="checkbox"/> Upholstery |
| <input type="checkbox"/> Commercial Fishing | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Computer/Electronics | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Welding |
| | | | <input type="checkbox"/> Other _____ |

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

List Work History (2): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> A/C and Refrigeration | <input type="checkbox"/> Construction/Modular | <input type="checkbox"/> Hotel | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Production/Factory |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Dental/Medical/Optical | <input type="checkbox"/> Knitting Mill | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agriculture/Dairy | <input type="checkbox"/> Driver | <input type="checkbox"/> Laborer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Assembler | <input type="checkbox"/> Education | <input type="checkbox"/> Laundry | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electrical | <input type="checkbox"/> Longshoreman/Shipyards | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Management | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Care Giver | <input type="checkbox"/> Fabric Products | <input type="checkbox"/> Military/Fire/Protective Services | <input type="checkbox"/> Trucking/Delivery |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Food Service/Bakers/Cook | <input type="checkbox"/> Painting | <input type="checkbox"/> Upholstery |
| <input type="checkbox"/> Commercial Fishing | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Computer/Electronics | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Welding |
| | | | <input type="checkbox"/> Other _____ |

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)



Worker Application and Intake

List Work History (3): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.Place of Employment: CALPIA CDCR Outside of PrisonEmployer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> A/C and Refrigeration | <input type="checkbox"/> Construction/Modular | <input type="checkbox"/> Hotel | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Production/Factory |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Dental/Medical/Optical | <input type="checkbox"/> Knitting Mill | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agriculture/Dairy | <input type="checkbox"/> Driver | <input type="checkbox"/> Laborer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Assembler | <input type="checkbox"/> Education | <input type="checkbox"/> Laundry | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electrical | <input type="checkbox"/> Longshoreman/Shipyards | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Management | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Care Giver | <input type="checkbox"/> Fabric Products | <input type="checkbox"/> Military/Fire/Protective Services | <input type="checkbox"/> Trucking/Delivery |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Food Service/Bakers/Cook | <input type="checkbox"/> Painting | <input type="checkbox"/> Upholstery |
| <input type="checkbox"/> Commercial Fishing | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Computer/Electronics | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Welding |
| | | | <input type="checkbox"/> Other _____ |

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

List Work History (4): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.Place of Employment: CALPIA CDCR Outside of PrisonEmployer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> A/C and Refrigeration | <input type="checkbox"/> Construction/Modular | <input type="checkbox"/> Hotel | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Production/Factory |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Dental/Medical/Optical | <input type="checkbox"/> Knitting Mill | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agriculture/Dairy | <input type="checkbox"/> Driver | <input type="checkbox"/> Laborer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Assembler | <input type="checkbox"/> Education | <input type="checkbox"/> Laundry | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electrical | <input type="checkbox"/> Longshoreman/Shipyards | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Management | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Care Giver | <input type="checkbox"/> Fabric Products | <input type="checkbox"/> Military/Fire/Protective Services | <input type="checkbox"/> Trucking/Delivery |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Food Service/Bakers/Cook | <input type="checkbox"/> Painting | <input type="checkbox"/> Upholstery |
| <input type="checkbox"/> Commercial Fishing | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Computer/Electronics | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Welding |
| | | | <input type="checkbox"/> Other _____ |

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

Worker Application and Intake

List Work History (5): (Begin with most recent). Include CALPIA, CDCR, and all outside work experience.

Place of Employment: CALPIA CDCR Outside of Prison

Employer or Institution: _____ Start Date: _____ End Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Job Title: _____

Job Type: (CHECK ONLY ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> A/C and Refrigeration | <input type="checkbox"/> Construction/Modular | <input type="checkbox"/> Hotel | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Production/Factory |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Dental/Medical/Optical | <input type="checkbox"/> Knitting Mill | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agriculture/Dairy | <input type="checkbox"/> Driver | <input type="checkbox"/> Laborer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Assembler | <input type="checkbox"/> Education | <input type="checkbox"/> Laundry | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electrical | <input type="checkbox"/> Longshoreman/Shipyards | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Management | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Care Giver | <input type="checkbox"/> Fabric Products | <input type="checkbox"/> Military/Fire/Protective Services | <input type="checkbox"/> Trucking/Delivery |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Food Service/Bakers/Cook | <input type="checkbox"/> Painting | <input type="checkbox"/> Upholstery |
| <input type="checkbox"/> Commercial Fishing | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Computer/Electronics | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Welding |
| | | | <input type="checkbox"/> Other _____ |

Reason for Job Ending:

- Arrested Fired for Cause Injured/Disabled Lack of Work Laid Off Moved Paroled
 Quit Reassigned Temporary Job Ended Other _____ (Please specify)

Notes: (Any additional information from the applicant or from the interview with the supervisor can be entered here.)



Worker Application and Intake

Part B: Intake

This form is part two of a two-part form to be completed by all worker applicants seeking employment with California Prison Industry Authority (CALPIA). The purpose of this form is to gather the background and abilities of the prospective CALPIA worker at pre-employment in conformance with a real-world work environment.

Part A of this form is the Worker Application and Part B of this form is the Intake. Both forms must be completed by all CALPIA incarcerated individual workers upon assignment to a CALPIA enterprise or factory.

Incarcerated Individual Information:

Also Known As/Aliases: _____

Date of Birth: _____ Social Security Number: _____ INS Hold
(mm/dd/yyyy) (###-##-####)

Place of Birth: _____
County State Country

Have you ever been issued a California Driver License or Identification Card: Yes No

Parole County: _____ If outside of California, check box:

Release Type: Parole PCRS Other _____

Incarcerated Individual Demographics:

Gender: Male Female Non-Binary

Ethnicity: *Select one or more.*

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Hispanic or Latino or Spanish Origin

Sub Ethnicity: (Optional) *Select one or more subethnicities.*

- | | | | | | |
|---------------------------------------|--|--------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Europe | <input type="checkbox"/> Far East | <input type="checkbox"/> Haitian | <input type="checkbox"/> Hawaii | <input type="checkbox"/> North America | <input type="checkbox"/> South America |
| <input type="checkbox"/> Middle East | <input type="checkbox"/> Southeast Asia | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Guam | <input type="checkbox"/> South America | <input type="checkbox"/> Central America |
| <input type="checkbox"/> North Africa | <input type="checkbox"/> Indian subcontinent | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Samoa | <input type="checkbox"/> Central America | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> German | <input type="checkbox"/> Cambodia | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Navajo Tribe | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Irish | <input type="checkbox"/> China | | | <input type="checkbox"/> Mayan Tribe | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> India | | | <input type="checkbox"/> Tlingit Tribe | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Japan | | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Argentinean |
| | <input type="checkbox"/> Korea | | | | <input type="checkbox"/> Colombian |
| | <input type="checkbox"/> Malaysia | | | | <input type="checkbox"/> Dominican |
| | <input type="checkbox"/> Pakistan | | | | <input type="checkbox"/> Nicaraguan |
| | <input type="checkbox"/> Philippine Islands | | | | <input type="checkbox"/> Salvadoran |
| | <input type="checkbox"/> Thailand | | | | <input type="checkbox"/> Spaniard |
| | <input type="checkbox"/> Vietnam | | | | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Hmong | | | | |
| | <input type="checkbox"/> Laotian | | | | |
| | <input type="checkbox"/> Thai | | | | |
| | <input type="checkbox"/> Other _____ | | | | |

Primary Language: English Spanish Other: _____

Secondary Language: English Spanish Other: _____ N/A

CDCR Programs Participated In: (Check all that apply)

- Academic Program (i.e. GED)
- Joint Venture
- Support Service
- Substance Abuse Program (SAP)
- Vocational Education



Worker Application and Intake

Assignment Information: (This section to be completed only by CALPIA staff.)

Assignment Start Date: _____
(mm/dd/yyyy)

Work Supervisor: _____ Title: _____

Work Supervisor Phone: _____ Ext: _____
(###-###-####)

Job Title: _____ Position Number: _____

SOC Code: _____ You can find the appropriate SOC code at: <http://online.onetcenter.org/crosswalk>

Job Status at Start: Full-Time Part-Time Lead

Certified/Approved By:

As superintendent or supervisor, I hereby certify that the above information has been entered as completed in hardcopy form by the incarcerated individual.

Name: _____ Title: _____ Date: _____
(mm/dd/yyyy)

Phone: _____ Ext: _____ Email: _____
(###-###-####)

Your e-mail will serve as verification of date sent and as an electronic signature stamp as to who is submitting the form.

NOTICE

California Information Practices Act (IPA)
(California Civil Code 1798)

The State of California Information Practices Act requires California Prison Industry Authority (CALPIA) to provide the following information to individuals who are asked to supply information about themselves:

The principal purposes for requesting the information on this form are: (1) teaching tool to model private industry job applications (2) ascertain if applicant meets the hiring standards for employment (3) assist during transition to private industry job offers upon release (4) collect data for statistical purposes to measure recidivism. California Civil Code section 1798.14 authorizes collection and maintenance of this information.

Furnishing all information requested on this form is mandatory - failure to provide such information or providing false information will result in delays or will disqualify participation in CALPIA programs. *Exception: Current INS Hold incarcerated individuals may omit social security number with an exemption pursuant to California Code of Regulations, Section 8004 (e) of Title 15.*

Information furnished on this form may be used by the following California state agencies: (1) Employment Development Department to obtain wage data of former California Department of Corrections and Rehabilitation incarcerated individuals to access the impact of rehabilitation services (2) Department of Justice to measure recidivism of state prisoners who participated in CALPIA programs and return to jail or prison. Information on this form will be used during CALPIA's Transition to Employment Program. Information on this form will be transmitted to State and Federal government as required by law.

Individuals have the right to review their own records one time per calendar year. The official responsible for maintaining the information contained on this form is: Staff Services Manager of the Industry Employment Program.

ACKNOWLEDGEMENT



Incarcerated Individual Acknowledgement of Policies, Procedures, Rules and Regulations

This acknowledges that I understand there are rules, regulations, policies, and procedures (as listed below) applying to assignments with the California Prison Industry Authority (CALPIA) and that failure or refusal to sign an acknowledgement of those rules, regulations, policies, and procedures, as well as this acknowledgment, ~~shall~~ results in immediate removal and being unassigned from this the incarcerated individual's current CALPIA work/training assignment.

Your acknowledgement and signature on this form acknowledges your understanding ~~of that~~ participation in a CALPIA work/training assignment requires compliance with all listed policies, procedures, rules, and regulations, and completion of all job-required training, including on-the-job training and job-required curriculum, is a condition of continued program assignment. Failure or refusal to complete any component of the job-required training or comply with all policies, procedures, rules, and regulations on this form curriculum will be cause for results in immediate removal/and being unassignedment from this the incarcerated individual's current CALPIA work/training assignment.

Date: _____

Incarcerated Individual Name: _____

Incarcerated Individual Signature: _____

~~Incarcerated Individual ID No.~~ CDCR Number: _____

Assignment Location (Institution/Enterprise): _____

Rules, Regulations, Policies and Procedures acknowledged:
