



QUALITY, INTEGRITY, AND ACCOUNTABILITY IN COMMUNITY CORRECTIONS
EMPLOYMENT RESOURCE CENTER
INTENT TO HIRE

The Kintock Group would like to take this opportunity to thank you for hiring _____ However, before he can begin working, we are asking that you provide the following information.

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax#: _____

Position/Duties of Employee: _____

Nature of Business: _____

Start Date: _____ Work Days _____ Hours: _____

If schedule varies, when will employee receive schedule? * _____

Rate of Pay: _____ Paid: { } Weekly { } Bi-Weekly Other: _____

Date of First Check: _____

Please Answer:

	YES	NO
Will Employment staff be able to contact employee within 15 minutes?	{ }	{ }
Are you aware of the employee's offense?	{ }	{ }
Will employee receive a payroll check?	{ }	{ }

***ALL SCHEDULES FOR WEEKEND WORK MUST BE RECEIVED BY STAFF NO LATER THAN FRIDAY 12:00 NOON. STAFF WILL NOT APPROVE WORK SCHEDULES FOR WEEKEND WORK AFTER THAT TIME.**

By signing below, you are aware that the above individual is an active participant in a Community Corrections Program.

SUPERVISOR'S NAME: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PLEASE FAX TO: _____ **215-291-7698**
STAFF FAX #