

United States Probation/Pretrial Services
District of Idaho
Offender Employment Referral

Demographic Information

Name: _____
Date of Birth: _____
PACTS No.: _____
Register No. _____
Social Security No.: _____
Home address upon release: _____
Home phone number upon release: _____
Marital Status: Married Single Separated Divorced

Criminal History

What type of crime are you currently serving a sentence for? _____

What types of crimes have you been arrested for in the past? _____

Have you ever been convicted of any crimes of a sexual nature? Yes No
If yes, what type of crime? _____
Have you ever been convicted of any crimes of an aggressive nature? Yes No
If yes, what type of crime? _____

Education

What is the highest grade that you have completed? _____
Do you have a high school diploma or GED? Yes No
Do you have any learning disabilities? Yes No
Are you able to read and write? Yes No
Would you like to further your education? Yes No

Mental Health/Substance Abuse History

Have you ever been diagnosed with a mental disorder? Yes No
If yes, what was your diagnosis? _____
Have you ever taken any medications for any mental disorders? Yes No N/A
If yes, what medications have you taken? _____

Have you ever been hospitalized for any mental disorders? Yes No N/A
If yes, where and when? _____

Have you ever had any thoughts/attempts of suicide? Yes No N/A
Have you ever had any thoughts/attempts of harming others? Yes No N/A
Do you have a history of any childhood abuse? Yes No N/A
If yes, what type? Emotional Physical Sexual

Medical History

Are you being treated for any medical conditions: Yes No N/A

If yes, what is your diagnosis? _____

Are you currently being prescribed any medications? Yes No N/A

If yes, what are you being prescribed? _____

Have you ever had any surgeries? Yes No N/A

If yes, what type? _____

Do you have any physical disabilities? Yes No N/A

If yes, what type? _____

Do you utilize or need any medical equipment? Yes No N/A

If yes, what type? _____

Family Support System

Where are you currently residing? _____

Do you need assistance securing a place to live? Yes No N/A

Would you describe your family as supportive? Yes No N/A

Who would you consider being part of your support system? Mother Father Siblings
Spouse Friends Church Other _____

Do you have any children? Yes No N/A

If so, how many and what are their ages? _____

When released, will you owe child support payments? Yes No N/A

Employment/Work History

Name of Employer: _____

Dates of Employment: _____

Responsibilities: _____

Last Salary: _____

Name of Employer: _____

Dates of Employment: _____

Responsibilities: _____

Last Salary: _____

Special training, skills, certifications or licenses: _____

