

III.

# TARGETED LOCAL HIRE PROGRAM CITY OF LOS ANGELES

## AGENCY REFERRAL FORM

I. CL	<b>LIENT</b>	<b>INFORM</b>	<b>ATION</b>	(all fie	lds red	(uired

Phone No.		Las	t Name:		Middle Initial	
i ilolic ivo.		Add	dress:		<u> </u>	
E-mail:						
Employee ID	(current City em	ployees only):		<u> </u>		
* NOTE: Client	's email address is	required at the time of com	npleting an applicat	ion.		
REFERRAL A	GENCY INFO	RMATION (all fields	required)			
Referral Agency Code		Referral Agency Name				
CI IENT ASSI	SCMENT (all	fields required)				
	•	• •				
	ger" indicated in tl nformation below.		gency employee w	/ho has assesse	ed the client for job readiness and certifi	es the
Case Manager Name:				Date:		
Email Address				Phone No.		
		d Local Hire Program.				
	a. How much	n time was spent with th	e client?		_	
		n time was spent with the the client assessed? <i>(cl</i>		that apply)	_	
	b. How was	the client assessed? (cherson Case Manager Assessoom Training ne Training and/or Assessvious Job Experience	heck any and all essment Plea		ef description of how you screened the	client:
Case Mgr Initials	b. How was	the client assessed? (cheerson Case Manager Assession Training ne Training and/or Assessions Job Experience	heck any and all essment Pleasement sment a valid e-mail a	se provide a bri	ef description of how you screened the	
	b. How was	the client assessed? (cherson Case Manager Assessom Training and/or Assessoious Job Experience er	essment Pleasment a valid e-mail a	se provide a bri		ole

The Program encourages continued support for the client through employment to ensure not only hire through the Program, but employment retention with the City for years to come. Examples of "continued support" are: providing case management services after hire, helping client resolve a difficult interpersonal challenges at work, mentorship or peer group programs, other supportive services, etc.

#### a. Continued Supportive Services, Other Services Please list all supportive services available to your client through your Referral Agency. If your client will have access to all services you provide, please indicate "Per Services Inventory List" (based on the services you indicated on your Agency Acknowledgement Form. How long will client receive the support services listed above? Please provide short explanation if "Other": ☐ Until initial hire with Program ☐ Until completion of Program (1 year) ☐ As long as client needs □ Other Case Manager for Continued Support. The "Case Manager" indicated here is a Referral Agency employee who will be coordinating services for the client, or will be the first contact to identify how the services indicated above will be provided. **Email Address:** Phone #: Case Manager Name V. JOB PATHWAYS – TARGETED LOCAL HIRE PROGRAM (all fields required) 1. Please select the client's job interests (select all that apply): It is recommended that the Case Manager assess whether a client is truly interested in and indicates an aptitude for a particular job pathway. Clerical/Customer Service Mechanical **Custodial Services** Performing manual and clerical work in ordering and keeping track of supplies and equipment which may include assembling, making \*Driving an automobile delivering and picking up mail, minor repairs, and maintenance to tools and equipment supplies, and department materials; and performing Providing care for animals in shelters, including cleaning routine clerical, messenger, and stockroom duties. and caring for sick animals in undesirable conditions Gardening and Landscape \*Door-to-door inquiring for current dog & horse licenses, collecting Maintenance and Construction license fee payments, verifying current rabies vaccinations and sterilization of dogs, reconciles and balances daily collections \*Street Repair / Construction \* I understand that I must have a valid California driver's license at the time that I am hired to perform this work. 2. Please select all work environments in which the client is willing to work (select all that apply): working outdoors working indoors performing physical labor operating a vehicle (and has a valid driver's license) Please select the client's geographic/work location preferences (select all that apply): Downtown ☐ East Los Angeles Harbor/San Pedro South Los Angeles

(Referral Form continues on the next page)

San Fernando Valley, including East, West, and Central (Van Nuys

Airport & Valley Municipal Building)

Weekends

LAX Area (LAX Airport-Hyperion) including

Evening

Please select the client's work shift preferences (select all that apply):

Late Night

Westchester/Venice

□ Day

### VI. OTHER JOB OPPORTUNITIES: ASSOCIATE COMMUNITY OFFICER PROGRAM (ACOP) [OPTIONAL]

The Associate Community Officer Program (ACOP) is handled by the Recruitment and Employment Division (RED) of the Los Angeles Police Department. This opportunity is OPTIONAL and is <u>not</u> a part of the Targeted Local Hire Program. Please see below for more information regarding the ACOP and confirm the client's interest.

### **Description:**

In preparation for a career in law enforcement, an Associate Community Officer is a civilian employee of the Los Angeles Police Department (LAPD) who performs a variety of law enforcement support duties under general supervision and performs related work as required. During the performance of job duties, Associate Community Officers may be rotated to varying assignments. It is expected that Associate Community Officers will be prepared to join LAPD as Police Officers after time in this class.

- □ I am interested in the Associate Community Officer Program (ACOP) that is handled by the Recruitment and Employment Division of the Los Angeles Police Department.
- I understand that I will be contacted by the Recruitment and Employment Division regarding the Associate Community Officer Program.

Section VII below may only be completed by an Approved Signer of an authorized Referral Agency.

#### VII. AUTHORIZED SIGNATURE (all fields required)

Please provide an original signature from an authorized signer and complete the fields below.

X	Date:		
Signature	Date		
<b>Authorized Signer Name (PRINT):</b>			
Position Title:			
Telephone Number:			
E-mail Address:			

#### **NEXT STEPS**

- 1. Original Form to stay with client.
- 2. Scan e-copy and email to Application Site where client will be scheduling application appointment.
- 3. For applicable email addresses to the Application Sites, go to the **Inside TLH** page for Referral Agencies.