



Application for Job Access/Guaranteed Ride Program

Please return this application to:

OUTREACH
926 Rock Ave, Suite 10, San Jose, CA 95131
FAX: (408) 382-0470

Any questions?
Main number (408) 436-2865

IMPORTANT: An incomplete application may be returned causing a delay in enrollment. Please provide your home address or other reliable mailing address where we will send your ID card and any other information.

NAME (please print clearly): _____
HOME ADDRESS: _____ APT # _____
CITY: _____ ZIP CODE: _____
Home Phone # () _____; Work Phone # () _____
Date of Birth: Month _____ Day _____ Year _____

Social Security Number _____ Male _____ Female _____

Emergency Contact: Name _____ Relationship _____
Emergency Phone () _____

Please list name and age of your dependent children or other dependents you care for (parents, grandparents, etc):
NOTE: California State Law requires children under the age of 6 or weighing less than 60 pounds to be secured in a children's car seat or booster seat. Please check below if your child is under 6 years old or less than 60 pounds. OUTREACH will provide a car seat if needed. Significant others do not qualify as dependents.

Dependent's Name	M/F	Age	Weight (lbs)	Height (only if under 6)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are currently employed, please complete the following:

Employed by _____
Address: _____
City and Zip Code _____
Phone Number (_____) _____
Routine Work hours: _____ Routine Workdays: _____

If you are currently attending an Employment Readiness Activity, (Training program, school etc.), please complete the following:

Name of Program/School: _____
Address: _____
City and Zip Code _____
Phone # (_____) _____
Routine hours: _____ Routine days: _____



If your dependents attend school, or a Child Care Center, or other Center or Program, please complete the following for each child or dependent.

#1 Child's Name _____
Name of School/Center or Program _____
Address _____
City _____ Zip Code _____
Phone () _____

Name of Child Care Provider or Other Center/Program Contact _____
Phone () _____

#2 Child's Name _____
Name of School/Center or Program _____
Address _____
City _____ Zip Code _____
Phone () _____

Name of Child Care Provider or Other Center/Program Contact _____
Phone () _____

#3 Child's Name _____
Name of School/Center or Program _____
Address _____
City _____ Zip Code _____
Phone () _____

Name of Child Care Provider or Other Center/Program Contact _____
Phone () _____

#4 Child's Name _____
Name of School/Center or Program _____
Address _____
City _____ Zip Code _____
Phone () _____

Name of Child Care Provider or Other Center/Program Contact _____
Phone () _____

Current mode of transportation:

Public Transportation Drive my own car Carpool/share a ride Walk Bike

OUTREACH staff will help you to identify options exist to meet your transportation needs. This Transportation Plan might include information about available transit service, carpools and automobile repair and loan programs, and other options to help you get where you need to go. Would you like this assistance? yes no

Please check your ethnicity (Optional):

Black/African American Hispanic/Latino Bosnian Vietnamese Cambodian White Other

Name of CalWORKs Case Manager _____

Name _____