



SONOMA COUNTY WORK-READY CERTIFICATION Application

STUDENTS: Please complete the **top section**, attach it to the Presentation Portfolio Components checklist, and place in the front of your Portfolio. Your school's Work-Ready Certification Coordinator will complete the **bottom section** of this form.

DATE SUBMITTED _____

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

SCHOOL OR COMMUNITY ORGANIZATION _____ CITY _____

TEACHER/COORDINATOR _____ PHONE _____ EMAIL _____

ADULT OBSERVER _____ PHONE _____

OCCUPATION _____ CITY _____ EMAIL _____

RELATIONSHIP TO APPLICANT _____

WORKSITE SUPERVISOR _____ PHONE _____

COMPANY _____ CITY _____ EMAIL _____

FOR WORK-READY CERTIFICATION SITE COORDINATOR USE ONLY:

REVIEW DATE _____

NAME _____ PHONE _____ EMAIL _____

WORK-READY CERTIFICATION STATUS

PORTFOLIO COMPLETE

CUSTOMER SERVICE TEST SCORE*: _____ COMPUTER LITERACY TEST SCORE*: _____ (*NEED 70% OR HIGHER)

INTERVIEW SCHEDULED FOR (DATE/LOCATION) _____

PORTFOLIO INCOMPLETE

ITEMS REQUIRING ADDITIONAL DOCUMENTATION _____

INTERVIEW STATUS

INTERVIEW SUCCESSFULLY COMPLETED

INTERVIEW UNSUCCESSFUL

WRC GRANTED (INITIAL & DATE) _____