

SECTION 1: TRAINEE INFORMATION & SIGNATURE AUTHORIZATION FORM

The Department of Labor (DOL) requires certain demographic information for all individuals who receive Incumbent Worker Training (IWT). This information is used to calculate employment in the 2nd and 4th quarters after exit, median earnings in the 2nd quarter after exit, and the IWT Measurable Skill Gains and Credential Attainment performance measures. Information collected will remain confidential within Forward Careers, Inc. and reports required to be provided securely to DOL.

Follow-up will need to be completed for one (1) calendar year after the end date of the training.

Information From Proposal

Business Name: _____

Training Program Title: _____ **Training Date(s):** _____

Current Occupation Title: _____ **O*Net code:** _____

1. Will the employee(s) receive an industry recognized certificate or credential as a result of the training? Yes No

2. Will the employee(s) receive a wage increase as a result of the training? Yes No

a. If yes, how much of a wage increase and when? Amount of increase (\$/%): _____ Date of increase: _____

3. Will the employee(s) receive a promotion that results in an open position as a result of the training? Yes No

a. If yes, what will the new position be? _____ Date of promotion: _____

O*Net for new position: _____

To Be Completed by the Business:

Current Trainee Wage: Hourly _____ Annually _____ **Start Date:** _____

Wage amount:

3 months ago: _____ **6 months ago:** _____ **9 months ago:** _____

To Be Completed by the Trainee:

First Name: _____ **Last Name:** _____

Address: _____ **Apt./Unit #:** _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Date Of Birth: _____ **Gender:** Female Male Unknown/Undisclosed

Are you a U. S. Citizen? Yes No **If no, are you legally authorized to work in the U.S.?** No Yes, expiration date: _____

For reporting, please provide one of the following but Social Security Number is Preferred for follow-up purposes:

Social Security # (Preferred): _____ **Email:** _____

Phone: _____ **Alternate Phone:** _____

By voluntarily providing the following information and signing below, you acknowledge that you have read and understand the content of this form. This Trainee Information & Signature Authorization Form will become part of your training program record and not used for any other purpose but DOL reporting.

Trainee Signature: _____ **Date:** _____

