

**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 amounts:** 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:** \_\_\_\_\_