

WORKFORCE INVESTMENT ACT (WIA)
EMPLOYED WORKER TRAINING (EWT)
INFORMATION REQUIRED FOR EACH PARTICIPATING EMPLOYEE

EMPLOYER INFORMATION							
Employer/Address:							
Point of Contact and Phone Number:				Your Job Title:			
DEMOGRAPHIC & GENERAL INFORMATION							
Date of Hire:		Current Hourly/Annual Wage:		Number of work hours per week:			
Last Name:		First:	Middle I:	Phone:	Social Security #:		
Address:			City:	State:	Zip:		
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Black or African American <input type="checkbox"/> Haitian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Multi Racial <input type="checkbox"/> White <input type="checkbox"/> Other Limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No Individual with a disability: <input type="checkbox"/> Impediment to employment <input type="checkbox"/> No disability <input type="checkbox"/> Yes, disabled			
Ethnicity: <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Not Hispanic Latino <input type="checkbox"/> Others		Citizenship Status: <input type="checkbox"/> U. S. Citizenship or Naturalized Citizen <input type="checkbox"/> Lawfully admitted alien or refugee with right to work. If so, Alien Registration # _____ Expiration Date: _____					
GENERAL INFORMATION							
Have you served in the U.S. Military, Naval or Air Service? : <input type="checkbox"/> No <input type="checkbox"/> Yes, under 180 days <input type="checkbox"/> Yes, over 180 days							
Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> US Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard Honorable Discharge?: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Selective Service: (for males 18yrs or older) <input type="checkbox"/> Registered <input type="checkbox"/> Not registered <input type="checkbox"/> Not applicable Ex-Felon?: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Completed: ___ <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> AA/ AS Degree <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> Master's +							
Number in family (include both parents if applicable and any child under 18): _____ Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No For entire family please provide total annual family income _____							

Participant/Employee:

I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. Information is being provided to establish eligibility for training under the Workforce Investment Act and is subject to all applicable Federal and State confidentiality laws ("The EO data must be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure confidentiality.") I understand that I have the right to file a grievance with CareerSource Pasco Hernando within one year from date of signing and grievance procedure is on file with my employer. I further understand I may file an EEO grievance within 180 days from date of alleged violation if I feel I have been the subject of discrimination. This procedure is also on file with my employer.

Employee Signature: _____ Date: _____

Employer:

Employer verifies it has a current I-9 form on file for the above named employee that verifies date of birth, American citizenship or right-to-work, and that a copy will be provided to Pasco Hernando Workforce Board. Employer further verifies training will enhance career advancement and promote or maintain self-sufficient earnings or that training is required for employee to retain employment.

Employer Signature: _____ Date: _____



Individual Responsibility Plan (IRP)

Name _____ Tracking# _____

Business Service Consultant _____

Date _____

Career Goal (Job Title) _____ ONET Code _____

<i>Steps to achievement of career goal:</i>	
1. Immediate:	
2. Mid-Range:	
3. Long-Range:	
4. Receive Skills Attainment Certificate:	

This training is mandatory for me to retain my job. This training allows the business to remain competitive and enhances my productivity and work quality. I will attend and complete this training in its entirety. Once the training is over, I will receive a certificate.

Customer Signature and Date