[Date]

[Participant Name]

[Participant Address]

[City, State, Zip]

Dear [Participant,]

The Workforce Training program includes follow-up services. The purpose of these services is to offer support and assistance as needed. Please answer the following questions:

1. Current Address:
2. Current Phone Number: Cellular Provider:
3. Current Email Address:
4. Are you working? Yes No
5. If you are working, please complete the following: Job Title:

 Employer Name: Employer Phone:

 Employer Address:

 City: State: Zip Code:

 Employer Contact:

 Start Date: Hours per week: Hourly wage:

1. Are you currently attending training or school? Yes No
2. If you are attending training or school, please provide additional information regarding the training:

 Name of training: Contact Phone:

 Start Date: End Date or Anticipated End Date:

1. Have you received a diploma or certificate?

 GED HS Diploma Associates Degree Bachelor’s Degree

 Other (CNA, First Aid, CDL, Medication distribution, fork lift certificate, welding certificate, etc.)

 Date obtained: Issuing Authority:

If applicable: Please include a copy of your diploma or certificate or stop by our office with your original diploma or certificate so a copy can be made.

1. Would you like assistance with any of the following? (Circle all that apply)
* Job Search Assistance
* Resume Development
* Assistance with Applications
* Interview Preparation
* Career Exploration
* Financial Assistance (Youth Program Only)

Participant Signature: Date:

This form may be returned to the nearest Department of Labor and Regulation office. For a mailing address or additional services, please call the local office number below.

Sincerely,

[Your Name]

[Local Office number]