

## Documentation Checklist

### Workforce Innovation and Opportunity Act (WIOA) Program

These documents are required for **ALL PARTICIPANTS**:

**Social Security Number**

(Examples: Social Security Card, W-2 Tax Form, 1040 Tax Form)

**Driver's License or Picture ID Card**

(Examples: Government ID, State ID card, and Voter's ID)

**Proof of Physical and Mailing Address**

(Examples: Driver's License with current address, Utility Bill, Lease, Deed, Property Tax Bill, Mail correspondence)

**Proof of Citizenship / Authorization to Work**

(Examples: Birth Certificate, Passport, Permanent Residence Card (Green Card), Voter ID, or Work Permit that is valid for one year or more)

**Family Size Verification**

(Examples: Most recent tax return, Lease, or Public Assistance Letter with family members listed; and/or Birth Records of dependents, Marriage Certificate)

**Family Income**

(Examples: Alimony Agreement, three most recent pay Stubs, Employer Statement and contact number, Veterans Award Letter, Bank Statements showing Direct Deposits, Social Security Benefits Letter, Unemployment Insurance documents, Most recent tax returns for self-employed)

**Education**

(Examples: Most recent High School Diploma, High School Transcript, GED Certificate, College Diploma, Prior Training Certificates)

**Verification of Challenges: Homeless, Foster Care, Pregnant/Parenting, Offender, School Drop-Out, Basic Skills Deficient, Disabled, English Language Learner.** Please submit proof of any of these challenges that you have encountered.

These documents are required for **SOME PARTICIPANTS**, when applicable:

**If male, age 18 or older: Selective Service Registration Confirmation**

(Examples: Printout from [www.sss.gov](http://www.sss.gov), Selective Service Card, or Application Confirmation Letter)

**Veteran Status**

(Examples: DD-214, Report of Transfer or Discharge, Letter from Department of Veteran's Affairs)

**Public Assistance Verification**

(Examples: Notice of Eligibility/Decision letter, TANF documents, SNAP notification, EBT card with printed name and current date, Current SNAP Receipt, Authorization to receive Cash Public Assistance)

**Disability Status**

(Examples: Vocational Rehabilitation Letter, Social Security Administration Disability & Veterans Administration Letter, Medical Records, Physician Statements, Rehabilitation Evaluation, Workers Compensation Record)

**Homeless**

(Examples: Written Statement from an Individual Providing Temporary Residence, Written Statement from Shelter/Social Service Agency.)

**Resume (if available)**

WIOA Title I-financially assisted programs and U.S. Virgin Islands American Job Center is an equal opportunity program/employer committed to nondiscrimination on the basis of disability in all programs, services, and activities. Reasonable accommodations, to include auxiliary aids and services, are available upon request to individuals with disabilities.

**WIOA ADW Intake Form**

<b>CONTACT &amp; GENERAL INFORMATION</b>		Date of Application: <input type="checkbox"/> Completed In-Person <input type="checkbox"/> Completed Virtually by Staff	
Name (First, Middle, Last):		Age:	Date of Birth:
Mailing Address:		City, State:	Zip Code:
Email Address:		Phone Number:	Alternate Phone:
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien or Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If male 18 or older, registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Discharged <input type="checkbox"/> Spouse of a Veteran
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like to speak to someone privately		Do you work with a social worker, counselor, or therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide contact information to help us to coordinate services: _____	
Have you ever been arrested or convicted of a crime? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> No			
Charge/Details: _____			
Parole/Probation Officer Name and Phone No.: _____			
Social Security Number:		Registered in VieWS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about our services?			
<b>EMPLOYMENT STATUS/HISTORY</b>			
<input type="checkbox"/> Working Part-Time <input type="checkbox"/> Working Full-Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Never Worked			
Name of Last (or Current Employer):		Job Title:	
Employer Address:		Employer Phone Number:	
Last Date Worked:	Last Rate of Pay:	Are you receiving unemployment insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive a notice of company closure, termination, or lay-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Career Goal:			
<b>HOUSEHOLD AND INCOME INFORMATION</b>			
<b>Name each person in your household <u>and</u> total earnings for those that have worked in the past 6 months.</b>			
<i>Name</i>	<i>Relationship</i>	<i>Working?</i>	<i>Total earning in the past 6 months</i>
	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WIOA ADW Intake Form**

Do you or a family member receive any of the following? <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Security Disability Income (SSDI) <input type="checkbox"/> Other: _____		
<b>EDUCATIONAL STATUS: Select one of the following criteria that you currently meet:</b>		
Are you currently attending: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> High School <input type="checkbox"/> Adult Education <input type="checkbox"/> Technical Training / Trade School <input type="checkbox"/> College <input type="checkbox"/> Other, please explain: _____	Highest Grade Completed: _____	Do you have a Diploma or GED/HSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a degree or certificate? <input type="checkbox"/> Yes, type & major? _____ <input type="checkbox"/> No		
<b>INFORMATION ABOUT YOU: What do you think is preventing you from finding a job?</b>		
<input type="checkbox"/> Language Barrier <input type="checkbox"/> School Drop-Out <input type="checkbox"/> Limited Education or Training <input type="checkbox"/> Ex-Offender, or Adult Justice System <input type="checkbox"/> Limited Transportation <input type="checkbox"/> Homeless <input type="checkbox"/> Limited Work History / Experience <input type="checkbox"/> Pregnant or parenting (between the ages of 18-24) <input type="checkbox"/> No Childcare <input type="checkbox"/> Other: _____		
<b>MENU OF SERVICES: How Can We Help You?</b>		
<input type="checkbox"/> Job Referral <input type="checkbox"/> GED classes or obtain High School Diploma <input type="checkbox"/> Receive training tuition assistance <input type="checkbox"/> Information on legal or financial workshops <input type="checkbox"/> Receive paid work experience <input type="checkbox"/> Transportation, childcare, interview clothing assistance <input type="checkbox"/> Resume and Interview Workshops <input type="checkbox"/> Other: _____		

I approve the release of information to the U.S. Virgin Islands Job Center and the Workforce Innovation and Opportunity Act (WIOA) Program. I certify that the above information is true to the best of my knowledge. I am aware that such information is subject to review and verification and that I may have to provide documents to support this application. I understand that I am subject to immediate termination if I am found ineligible after enrollment.

I understand that the WIOA Program requires regular follow-up for 12 months after program completion and I agree to cooperate with such inquiries.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WIOA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Basic Skills Screening Tool

Customer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)?  Yes  No  Currently in high school (does not include GED or HSED programs)
2. Can you follow basic written instructions and diagrams with no help or just a little help?  Yes  No
3. Can you fill out basic medical forms and job applications?  Yes  No
4. Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits?  Yes  No
5. Can you do basic tasks on a computer?  Yes  No
6. Do you speak and read English well enough to obtain and maintain employment?  Yes  No

Customer  
Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

For Internal Use Only:

Was the individual able to complete the screening tool without help?  Yes  No

For the Adult Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.

Does the individual receive priority?

Yes  No

For the Youth Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.

Does the individual have an eligibility barrier?

Yes  No

Name of Career Coach: \_\_\_\_\_

Career Coach

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# STEPS TO EMPLOYMENT PLAN (STEP)

Your Name \_\_\_\_\_

Date \_\_\_\_\_

1	<b>REVIEW YOUR ONLINE PRESENCE (CIRCLE YES or NO)</b>			
	<b>STEPS to Complete</b>			<b>STAFF ACTION</b>
	I have a professional email account established.	Y	N	
	I have a LinkedIn account.	Y	N	
	I have completed registration in the ViEWS system.	Y	N	

2	<b>REVIEW YOUR RESUME (CIRCLE YES or NO)</b>			
	<b>STEPS to Complete</b>			<b>STAFF ACTION</b>
	My resume is optimized using key words	Y	N	
	An employment services professional has reviewed and critiqued my resume	Y	N	
	My work experience and education/training are listed in ViEWS	Y	N	

3	<b>EXPLORE IN-DEMAND JOBS (CIRCLE YES or NO or List)</b>			
	<b>STEPS to Complete</b>			<b>STAFF ACTION</b>
	I have reviewed in-demand occupations in the USVI.	Y	N	
	I am interested in the following occupations <b>(List)</b> :			
	I know how to search for jobs in ViEWS and use other job search websites.	Y	N	
	I am actively looking for a job.	Y	N	
	I need help to become a qualified job candidate.	Y	N	

4	<b>JOB SPECIFIC TRAINING AND EXPERIENCE (CIRCLE YES or NO)</b>			
	<b>STEPS to Complete</b>			<b>STAFF ACTION</b>
	I know which jobs match my personality.	Y	N	
	I have experience in the jobs that I am interested in.	Y	N	
	I have one of the following: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			Y      N
	I have technical or vocational training related to the jobs that I am interested in.	Y	N	
	I want to learn new skills to get a job or advance in my career.	Y	N	

5	<b>IDENTIFYING ROADBLOCKS (CIRCLE YES, NO or NA)</b>			
	<b>STEPS to Complete</b>			<b>STAFF ACTION</b>
	I have formal job experience.	Y	N	
	My English language skills are limited in:  <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <input type="checkbox"/> Comprehension			
	I can pass a background check and drug screen.	Y	N	
	I have a conviction.	Y	N	
	I have childcare and a back-up plan.	Y	N	NA
	I have reliable transportation to get to and from work.	Y	N	
	I have appropriate interview and work clothing.	Y	N	
	I have stable housing.	Y	N	
	I have a driver's license.	Y	N	
	I have a clean driving record.	Y	N	
	I have documentation to verify that I can work in the United States.	Y	N	
	I have my own tools (if required by job).	Y	N	NA
	My computer skills are (circle):  <b>Beginner</b> <b>Intermediate</b> <b>Advanced</b>			

6	<b>WORK AVAILABILITY (WRITE ANSWERS)</b>		
	<b>STEPS to Complete</b>		<b>STAFF ACTION</b>
	I can work the following days:		
	I can work the following hours:		
I can travel _____ miles to work.			

7	<b>APPLICATIONS AND INTERVIEWS</b>		
	<b>STEPS to Complete</b>		<b>STAFF ACTION</b>
	I know how to complete online applications and upload / attach documents.	Y	N
	I keep track of the applications I have submitted.	Y	N
	I have a professional voicemail.	Y	N
	I learn about/research the employers before the interview.	Y	N
	I understand the different types of interviewing.	Y	N
	I take copies of my resume to interviews.	Y	N
	I request business cards from the interviewers.	Y	N
	I write, or email thank you notes to employers within 48 hours after the interview.	Y	N
I feel comfortable speaking in public and giving presentations.	Y	N	

STEP FORM

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program.  
 Auxiliary aids and services are available upon request to individuals with disabilities.



## CAREER RESEARCH WORKSHEET

1. List the name of the occupation that you are interested in pursuing:
2. How many hours would you have to work per day/per week in this occupation? Will it be 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or rotating shifts?
3. Describe the working conditions for this occupation (for example: indoors, outside, evenings, weekends):
4. What are the job responsibilities? How would you spend a typical day at work? What type of clothing do you wear?
5. What major or educational training would you need to enter this career field?
6. What beginning salary could you expect to start with in this field? What benefits are possible?
7. What does that job market look like for this field? What can I expect in the future? (List source of information)

8. What are the opportunities for advancement in this field? What is the typical career path?

9. Is there a license or certificate required for this occupation? If so, how do I prepare to take the test?

10. What type of people will I be working with? Will I work in a team or independently?

11. List 3 companies / organizations / places that are hiring in this field. What is the name of the Human Resources Director or Manager?

a.

b.

c.

12. What barriers do you have regarding this type of employment? (Background checks, disabilities, location?)

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Signature

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Date

## Individual Training Account

Name of Customer: \_\_\_\_\_ State ID \_\_\_\_\_

WIOA Career Planner: \_\_\_\_\_

I have met the criteria for training. The information in this application is truthful, and I understand that any substantial misrepresentation may result in losing future funding. I also understand the purpose of training is to assist in obtaining or retaining employment. I will continue to participate in Workforce Innovation and Opportunity activities and abide by the WIOA training guidelines.

Job Seeker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Labor Market Demand/Wage Potential of Selected Occupation

What is your selected training program? \_\_\_\_\_

What is the job you plan to have after completing the training? \_\_\_\_\_

### Labor Market Demand of Selected Occupation

	In the Virgin Islands
How many job openings are projected in this field for the coming year?	N/A
Is this a Demand Occupation in the Territory?	Yes      No

### Wage Potential of Selected Occupation

	In the Virgin Islands
What is the average hourly wage for an entry-level worker?	

What was your wage at your last job? \_\_\_\_\_

# Workforce Innovation and Opportunity Act (WIOA) Grievance Procedure

## Step 1 Supervisor/Counselor

1. The aggrieved customer should present his/her grievance, either orally or in writing, to his/her immediate supervisor and the Workforce Development Unit (WDU) counselor.
2. The immediate supervisor shall, within five (5) working days of notification of the grievance, meet with the customer and his/her WDU representative to discuss the grievance. A decision regarding the disposition of the grievance should be conveyed in writing to the customer within two (2) working days following the conclusion of the meeting
3. If the grievance is settled at this point, no further action is taken.
4. If the customer has not heard from his/her supervisor within five (5) working days after submitting the grievance, the customer should present the grievance directly to the next line of authority.
5. If the grievance is not settled at Step 1, the supervisor, or the next person in the line of authority, shall be obligated, within (5) working days, to arrange a meeting with the Workforce Innovation and Opportunity Act Grievance Officer and the customer, at which time the customer and his/her WDU counselor may present the grievance.

## Step 2 Grievance Officer

1. Upon receiving notice of the grievance, the Grievance Officer may wish to investigate the grievance further before meeting with the aggrieved customer and his/her WDU Counselor.

The Step 2 meeting should take place within five (5) working days after notification of the grievance. The Grievance Officer may desire to have a member of management present at the discussion.

2. The Grievance Officer's decision should be conveyed in writing to the customer within two (2) working days following the conclusion of the

meeting. If the grievance is settled at this step, no further action is taken. A copy of the Grievance Officer's decision is retained in the customer's file.

3. If the customer is not satisfied with the Grievance Officer's decision, the customer may appeal the decision, within five (5) working days, to the Commissioner of Labor.

## Step 3 Departmental Hearing

1. The Commissioner of Labor shall assign the hearing to a designee from among the Assistant Commissioners, Directors, and Departmental Adjudicator. The Hearing Officer will consider the customer's appeal at a hearing scheduled within ten (10) working days. The grievance hearing procedure shall include written notice of the date, time, and place of the hearing, an opportunity to represent evidence and a written decision.
2. The Grievance Officer shall submit all information available from Step 2 to the Hearing Officer. The hearing shall be conducted by the Rules and Regulations outlined in Chapter Three (3) of Title 24 of the Virgin Islands Code.
3. The Hearing Officer's decision shall be conveyed in writing to the customer within five (5) working days following the conclusion of the meeting in which the disposition of the case is determined and a copy shall be included in the customer's record.
4. If the complainant does not receive a decision at this level within sixty (60) days of filing the complaint or receives a decision unsatisfactory to the complainant, the complainant has a right to request a review of the complaint by the Governor. The request for review shall be filed within ten (10) days from the date on which the complainant should have received a decision. The Governor, through his designee, the Commissioner of Labor, shall issue a decision within thirty (30) days. The Governor's decision is final.
5. Should the Governor, through his designee, the commissioner of Labor, fail to provide a decision as required, the complainant may request, from the United States Secretary of Labor, a determination whether or not reasonable cause exists to believe that the Act or its regulation have been violated.

## Step 4 Secretarial Hearing

1. A grievance or complaint may be made to the Secretary of Labor if a decision could not be reached by the State within 60 days of receipt of the grievance or complaint, or if a decision has been reached and the party to which such decision is adverse appeals the decision.
2. Appeals made because the decision is adverse must be filed within 60 days of the receipt of the decision being appealed.
3. Appeals made because a decision by the State has not been made within 60 days of the complaint, must be filed within 120 days of filing the grievance with the State or the filing of the appeal of a local grievance with the State.
4. A final decision will be made by the Secretary no later than 120 days of making after appealing.
5. All appeals must be submitted by certified mail, return receipt requested to the Secretary, US Department of Labor, Washington, DC 20210; Attention: ASET.
6. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator, Region 1, and the opposing party.

**This is to acknowledge receipt of one copy of the Grievance Procedure and Labor Market Information (LMI) for **WIOA**.**

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**Participant Name (print)**

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**Participant Signature**

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**Date Received**

## PUBLICATION AUTHORIZATION

I, the undersigned WIOA participant and/or the Virgin Islands American Job Center customer, authorize the use of my name and/or photograph in publications including, but not limited to, news releases, newspaper articles, video, social media/internet, and any other form of publication to promote the positive results of these federally and state-funded workforce development programs. I understand that if detailed information about my life experiences will be used as a narrative in such publications, I will be able to review the narrative prior to its use.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, the undersigned WIOA participant and/or the Virgin Islands American Job Center Customer, **do not** wish to have my name and/or photograph in news releases, newspaper articles, or any other form of publication.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Equal Opportunity Employer/Program.  
Auxiliary aids and services available upon request to individuals with disabilities.*



## Training Policy

As long as training funds are available, individuals who meet WIOA eligibility requirements and lack marketable skills may be eligible for occupational skills training funds under the Workforce Innovation and Opportunity Act (WIOA).

1. Training funds may only be used towards an occupational skills training program found on the Virgin Islands Workforce Investment Board (VIWIB) Eligible Training Provider List.
2. All training is subject to the Virgin Islands Department of Labor's American Job Center approval, and must be directed toward gaining full-time, training-related employment.
3. If tuition or other training expenses are covered under any other source of financial aid or reimbursement, those monies must be used first. Ex. Pell Grants, Trade Adjustment Act, G.I. Bill, company education assistance programs, etc. You must apply for Pell funding and provide a copy of the Student Aid Report. Failure to inform your Career Advisor of your eligibility for other funding sources may result in termination of WIOA funds.
4. The maximum amount of training funds provided is \$6,000.00. This amount includes the cost of tuition, fees, books, supplies, and any other course requirements. Funds must be used to cover the cost of tuition first. If training is a career ladder, additional funds may be available from external partners.
5. A grade point average of "C" (2.0) or better, and a satisfactory attendance record must be maintained.  
Time and attendance reports and copies of grades/certificates/diplomas must be submitted to your Talent Development Specialist. Failure to do so may result in discontinuation of funding. Funds cannot be used to retake a class or examination, except at the discretion of your WIOA Operations Director.
6. You must notify your Talent Development Specialist of a change in address, phone number, employment status, etc. immediately.
7. Upon completion of training, you must notify your Talent Development Specialist of your exit from training. You are then required to participate in job search activities and follow-up services for the following 12-month period.
8. Upon placement into employment, you are required to inform your Talent Development Specialist of the requested employment information. From there, you must complete an exit interview.

Signature \_\_\_\_\_ Participant ID Number: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_



**AUTHORIZATION OF AND DISCLOSURE TO PROGRAM PARTICIPANT REGARDING OBTAINING A CONSUMER REPORT TO VERIFY EMPLOYMENT**

**Please note that declining to sign this authorization form does not impact your eligibility to receive services.** One of our goals as we work with you in the WIOA programs is to assist you in obtaining employment. As such, we may need to obtain employment, hours worked, and wage information from you or your current and/or past employers. If we are unable to reach you or your employer, we may need to obtain your employment and wage information from a consumer report. Please be advised that you have the right to request, in writing and within a reasonable time that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five (5) business days of the date on which the Company receives the request from you or within five (5) days of the time the report was first requested.

The consumer report will be processed by:  
TALX Corporation  
11432 Lackland Road,  
St. Louis, Missouri  
314-214-7000

The Fair Credit Reporting Act, 15 U.S.C. § 1681, is a federal law that regulates the collection of consumers' credit information and access to their credit reports. It also gives you specific rights in dealing with consumer reporting agencies. A copy of these rights is summarized on the attached document and may also be found at [www.ftc.gov/credit](http://www.ftc.gov/credit).

**AUTHORIZATION TO OBTAIN A CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize Arbor E&T, LLC dba Equus Workforce Solutions, the service provider for Virgin Islands Workforce Development Board – WIOA Adult and Dislocated Worker Program by and through the listed agencies above to procure a consumer report on me.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same Arbor E&T, LLC dba Equus Workforce Solutions, the service provider for Lackawanna Workforce Development Board – Young Adult Program by and through the agencies listed above.

I understand that I will be notified in writing if Arbor E&T, LLC dba Equus Workforce Solutions procures an additional or different consumer-reporting agency.

I understand that this Authorization form shall remain in effect for the entire period for which I receive WIOA and/or TANF services from Arbor E&T, LLC dba Equus Workforce Solutions, the service provider for Lackawanna Workforce Development Board – Young Adult Program, unless I revoke it in writing.

I certify that the information contained on this Notice/Authorization and Release form is true and correct.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.



## WORKFORCE INVESTMENT ACT CUSTOMER RESPONSIBILITY AGREEMENT

Congratulations! You are the recipient of an individual training voucher that will assist you with career opportunities. In order to ensure the smooth operation of the system and the best possible service to you, we ask that you follow the guidelines listed below.

YOUR TALENT DEVELOPMENT SPECIALIST: \_\_\_\_\_

PHONE: 340 776-2700 EXT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. The occupational training that you select must be a demand occupation registration and payment. All vouchers must be signed where required. A completed information sheet must accompany this request. At this time the **maximum allowance for targeted clusters is \$6,000**. This includes all fees, books, uniforms, licenses and tests. Unless documented by special circumstance, an ITA will only be issued one time.
2. In the event of any changes to the original course schedule such as withdrawal, addition or cancellation of courses, you are responsible to contact your Talent Development Specialist advisor immediately. No alterations may be made on the voucher itself. **Any unauthorized-changes to the voucher will invalidate it.**
3. If you are taking full time academic courses, you must first apply for financial aid before submitting your voucher. A copy of your status form from the financial aid office must accompany your voucher.
4. The total dollar value of this voucher is for actual tuition, books, permits, physicals, and licensing or test costs. **The maximum you will receive is \$6,000 for the 24 month period of the ITA** Tuition will be paid once, if a course is failed you are responsible to retake class and payment is your responsibility. All checks will be made out to training provider or supplier. All costs must be approved **prior** to the start of the program.
5. Contact must be made with your Talent Development Specialist at a minimum **every two weeks**, either in person or by phone. At that time, your progress will be reviewed and all problems or concerns will be addressed.
  - Timesheets must be submitted weekly
  - Progress reports must be submitted monthly
  - Failure to comply with this required paperwork may result in nonpayment of tuition costs.
6. Prior to completion of your training, please consult your Talent Development Specialist as to job search and employment opportunities.

7. Please notify your Talent Development Specialist if you become employed (either full-time, part-time or temporary), relocate to another area, change telephone number or change address, etc.
8. Your Talent Development Specialist is there to help you throughout training and job search. Please make use of this service. Your Talent Development Specialist will also help you access the valuable resources available through the American Job Centers Training Facilitator. Upon completion of training and while job searching, you are required to maintain contact with your Talent Development Specialist at least once a month.
9. Once you are employed, the Workforce Investment Program requires information about your employment. At a minimum, we will need the following information: **date of new employment, employer's name, address, phone number, job title, job description, working hours, salary, benefits and supervisor's/contact person's name.**
10. Your cooperation in providing this information will assist us in continuing to receive funds to assist others. Periodically we also conduct customer satisfaction surveys and will contact you for comments on the services you received.
11. We wish you the very best as you embark on your training program and look forward to working with you. The Workforce Investment Program is here to support and assist you with each step.

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**I have read and understand this agreement and will comply with its intent. I understand that any deviations from this agreement may impact further approval for Workforce Investment Program services.**

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**Customer Signature**

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**Talent Development Specialist**

---

**Date**

---

**Date**



## Employment Verification Authorization

I \_\_\_\_\_, authorize Equus Workforce Solutions to obtain investigative employment verification information from my employer.

The employment verification information may include information regarding my:

- Job position
- Hire Date
- Termination Date
- Pay Rate
- Employment status.

I authorize all current or previous employers, educational institutions and other persons or entities having information related to my employment verification to provide such information to Equus Workforce Solutions.

I further understand and agree that the employment verification information may be obtained at any time and any number of times as necessary before, during, or post my employment for a period of up to twelve (12) months after my exit from the WIOA Program.

Signature

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Name

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Date

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