

SOUTHERN 14 WORKFORCE INVESTMENT BOARD, INC.
304 E. ROBINSON ST. SUITE 210 CARM, IL 62821

SHAWNEE DEVELOPMENT COUNCIL, INC.
530 WEST WASHINGTON ST.
KARNAK, IL 62956

WABASH AREA DEVELOPMENT, INC.
110 LATHAM ST.
ENFIELD, IL 62835

**AGREEMENT TO PROVIDE EMPLOYMENT INFORMATION AT EXIT AND PARTICIPATE IN
POST-PROGRAM FOLLOW-UP**

All applicants accepted for WIOA services will have application and program participation information entered in the State of Illinois computer system for program tracking purposes.

It is a program requirement that a provider of the Workforce Innovation and Opportunity Act (WIOA) program contact all participants at the end of their training, and then again at various points for one (1) year following their exit from the program. You will be asked to provide information relating to your training, your employment, and any credentials you may have obtained. Questions you will be asked will include but will not be limited to employers' name, address, your hire date, job title, hours worked per week, and salary. Your employment will need to be verified, and the employer may be contacted.

The information will be entered into your electronic WIAO file. This system monitors the success of participants and programs. The information entered is used to determine the future funding of training programs. All participants must respond to the request for this information. In signing the WIOA applications, you agree to participate in the WIOA follow-up procedures.

1. In signing this document, I certify that I have read and understood my obligations to the WIOA program and agree to provide the information necessary to document the outcome of my training.
2. I also agree for my future employer(s) to release employment information to the WIOA program for exit and follow-up purposes. This information may include wage verification.
3. I authorize the release of copies of any certificates, degrees, or other credentials obtained through the educational institution or my employer received during my training enrollment or up to one (1) year following program exit.
4. Signing this agreement also acknowledges receipt of the WIOA complaint procedures issued at the time of application.

Participant Signature: _____ Date: _____

Career Planner Signature: _____ Date: _____