



A proud partner of the American Job Center network

PARTICIPANT CONTRACT

I, _____, by accepting training or supportive service funds from WORKFORCE PARTNERSHIP (hereafter "WFP"), agree to the following (Customer shall apply initials next to each item to acknowledge the item has been read and understood):

1. ___ I will have regular attendance in my training program. If my attendance does not meet minimum requirements, the training provider or WFP may discontinue my funding.
2. ___ I will not take a leave of absence from the training program without prior notice and approval from WFP. If a leave of absence is taken without WFP approval, WFP has the right to discontinue funding.
3. ___ I will inform WFP of any address or telephone number changes during the training period.
4. ___ I connect with my Career Navigator during the training period for progress updates and be available for follow-up contacts after training.
5. ___ I will complete all necessary coursework, tasks and duties that may be required to fully complete my training program, and I will inform WFP of any significant challenges or events that affect my training progress or training program.
6. ___ Upon training completion, I will provide to WFP a copy of all grade reports, certificates, degrees or credentials earned.
7. ___ I will give WFP prior notice if I must quit training prior to the scheduled completion date. If I quit the training program without reasonable cause, I understand that I may not be sponsored for future training programs funded by WFP.
8. ___ I understand that necessary tools, books, uniforms, and other training-related materials purchased by WFP remain the property of WFP during the training period; and that if I discontinue training or I am terminated before its completion, I must immediately return all tools, books, uniforms and other training-related materials to this WFP office no later than seven (7) days after the date of termination. If I successfully complete the training program and gain employment in a training related field, all such tools, books, uniforms and other training materials become my own personal property. I further understand that purchases are limited to materials/supplies necessary to complete my training. Any items purchased that are not necessary are my own personal financial responsibility.
9. ___ I understand that Federal funds are being utilized to sponsor my training, and if I commit fraud as it relates to this program, I can be prosecuted for fraud, perjury, or other criminal or civil penalties.
10. ___ I understand that this program is Federally funded and that funds may be discontinued without prior notice. As such, I understand that WFP is not liable for any debts incurred for this training if funding is lost due to a Federal action(s).
11. ___ For classroom training I understand that if I am terminated from or do not complete the scheduled training program, I may be responsible for the related tuition, fees, books and other expenses, and the same training can not be paid for again.

I HAVE READ THIS TRAINING CONTRACT IN FULL, UNDERSTAND ITS CONTENTS, AND VOLUNTARILY SIGN BELOW. I UNDERSTAND THAT BREAKING ANY OF THE ABOVE TERMS AND CONDITIONS IS CAUSE FOR WFP TO TERMINATE FUNDING.

Participant
Signature: _____

Date: _____

Staff
Signature: _____

Date: _____



AUTHORIZATION TO RELEASE AND/OR OBTAIN INFORMATION

In the course of providing services **Workforce Partnership** may need to communicate with other agencies, organizations or employers, which may require access to certain personal information. As a condition to this authorization **Workforce Partnership** and any of its partners agree to use the information solely for purposes authorized by law or regulation.

I understand granting consent allows selected agencies to share my data with one another, data which may include, but is not limited to, name, address, Social Security Number, Date of Birth, GED® exam scores, other test results, transcripts, employment, program goals, program outcomes, public assistance, and family services. Shared data may help determine if I qualify for career and training services. My consent also allows these agencies to use my information to prepare reports and evaluate programs.

I hereby authorize **Workforce Partnership** to release and/or obtain on a need-to-know basis that information which is reasonably necessary to accomplish the goals and objectives of my career or training activities, unless law or regulation otherwise prohibits the release or provision of such information:

- ▶ Kansas Department of Commerce
- ▶ Kansas State Department of Education
- ▶ Kansas Department of Health and Environment
- ▶ Kansas Department for Children and Families
- ▶ Kansas Department for Aging and Disability Services
- ▶ Kansas Board of Regents and approved Adult Education Centers
- ▶ Kansas Department of Corrections
- ▶ Other(s): _____

I understand that my records may be released as permitted herein, until such time as I revoke my consent for further sharing.

By my signature below, I hereby authorize the exchange of information as denoted above with **Workforce Partnership**:

Customer Name (Please PRINT)

Customer Signature

____/____/_____
Date (MM/DD/YY)

Parent/Guardian Signature (*if under 18 years of age*)

____/____/_____
Date (MM/DD/YY)

Workforce Partnership Staff Signature

____/____/_____
Date (MM/DD/YY)

*The Family Educational Rights and Privacy Act (FERPA) and the Student Data Privacy Act both afford certain rights to students concerning the privacy of, and access to, their educational records even after students finish their academic careers. Individuals may choose to consent to the release of their education records to the parties specified above.



WORKFORCE PARTNERSHIP

JOHNSON • LEAVENWORTH • WYANDOTTE

EQUAL OPPORTUNITY IS THE LAW

Workforce Partnership and Workforce Partnership contractors are prohibited from discriminating against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; or on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States. Workforce Partnership offers Equal Opportunity Employment and Programs. Auxiliary aids and services may be scheduled upon request for individuals with disabilities. If you think that you have been subjected to discrimination, you may file a complaint within 180 days from the date of the alleged violation with the Workforce Partnership's Equal Opportunity Officer, or you may file a complaint directly with the U.S. Department of Labor, Director of Civil Rights, Frances Perkins Bldg., 200 Constitution Avenue, NW Room N-4123, Washington, D.C. 20210, (202) 693-6502 (Phone), TTY/TDD 800-877-8339 (TTY/TDD), (202) 693-6505 (Fax).

To file your complaint with the Workforce Partnership Equal Opportunity Officer, contact Emily McGrew, Workforce Partnership, 8535 Bluejacket, Lenexa, KS 66214, (913) 577-5922.

The Workforce Partnership Equal Opportunity Officer will make every effort to resolve the complaint and shall offer a resolution of the complaint to the complainant and the respondent in writing within sixty (60) days after the complaint is filed.

If a complaint is filed with the Workforce Partnership Equal Opportunity Officer and no decision is issued within the sixty (60) days, or if you are dissatisfied with the hearing decision, you may file a written appeal to the Kansas Department of Commerce, Workforce Compliance and Oversight, 1000 S.W. Jackson Street, Suite 100, Topeka, Kansas 66612-1354, (785) 296-5092 (Phone), Relay 711.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

(if under 18)

Date: _____

Documentation Guide

CATEGORY	ACCEPTABLE DOCUMENTATION (Only one document is required from each category)	
ADDRESS / RESIDENCY		
<p>NOTE: Documents must be current (or very recent), legible, and show proof of your Johnson County address <i>at the present time.</i></p>	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid State or Federal I.D. Card <input type="checkbox"/> Food (SNAP) and/or Cash (TANF) Assistance Printout <input type="checkbox"/> Housing Authority Document <input type="checkbox"/> Insurance Policy <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Social Service Agency or School Verification Form/Letter <input type="checkbox"/> Property Tax Record <input type="checkbox"/> Postmarked Mail Addressed to You <input type="checkbox"/> Other Public Assistance Record <input type="checkbox"/> Utility Bill	
EMPLOYMENT TERMINATED OR NEGATIVELY IMPACTED BY THE COVID PANDEMIC		
<p>NOTE: Supply a document, letter, email, or fax showing your job dislocation / termination related to conditions created by the Covid Pandemic.</p>	<input type="checkbox"/> Notice of Business Closure <input type="checkbox"/> Layoff, Furlough, or Termination Notice <input type="checkbox"/> Unemployment Compensation Documents <input type="checkbox"/> Press Release or News Article <input type="checkbox"/> Notice or Documentation of a Reduction in Hours or Wages	
ELIGIBILITY TO WORK IN THE UNITED STATES (Documents must be unexpired/valid)		
<p>One item from the list below establishes identity and employment authorization: OR One item from EACH list below when combined establishes identity and employment authorization:</p>		
<input type="checkbox"/> U.S. Passport or U.S. Passport Card <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) <input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa <input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766) <input type="checkbox"/> For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ul style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ul style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<p style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">O R</p>	<input type="checkbox"/> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> School ID card with a photograph <input type="checkbox"/> Voter's registration card <input type="checkbox"/> U.S. Military card or draft record <input type="checkbox"/> Military dependent's ID card <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <ul style="list-style-type: none"> <input type="checkbox"/> School record or report card <input type="checkbox"/> Clinic, doctor, or hospital record <input type="checkbox"/> Day-care or nursery school record
		<p style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">A N D</p>
		<input type="checkbox"/> A Social Security Account Number card, <u>unless</u> the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION <input type="checkbox"/> Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) <input type="checkbox"/> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal <input type="checkbox"/> Native American tribal document <input type="checkbox"/> U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security

