West Kentucky Workforce

WEST KENTUCKY WORKFORCE BOARD

Workforce Innovation and Opportunity Act (WIOA) Programs

PARTICIPANT ORIENTATION VERIFICATION

I certify that I have had an orientation on temporary relief employment/work-based learning. I further certify that I have received information on the rules and regulations regarding participation in the WIOA Program, which outlines conduct and requirements. I understand it is my responsibility to read and follow worksite rules and maintain proper conduct as a participant during placement in the Program. I agree to abide by the rules and respect the worksite or face termination from the program as a Paid Participant and/or WIOA participant.

_____ _____

Participant Signature Date

_____

WC#

_____ _____

Staff Signature Date