



FULTON COUNTY WORKFORCE
PREPARATION AND EMPLOYMENT SYSTEM

WIA CUSTOMER ACTIVITY AND FOLLOW-UP CHECKLIST

Please forward this completed form to the appropriate Career Advisor when the customer's training or service status has changed, they have completed your program/training, obtained a training related credential, or obtained employment.

Customer Name: _____

SSN: _____

Training Provider: _____

WIA Career Advisor: _____

ATTENDANCE INFORMATION

Last day customer attended training: _____

Reason for leaving program:

- Scheduled completion (Please attach certificate of completion and attendance/progress forms)
- Employed (please complete "Employment Information" section below)
- Health/Medical
- Other (please explain)

CREDENTIAL INFORMATION

Has customer taken any training related industry exams to obtain certification or licensing?

_____ Yes _____ No _____ N/A

If so, please attach a copy of the test results (if available) and indicate the status:

Name of Exam _____

- _____ Passed
- _____ Failed
- _____ Took exam, results pending

Name of Exam _____

- _____ Passed
- _____ Failed
- _____ Took exam, results pending

EMPLOYMENT INFORMATION

Did customer secure employment during training or services provision? _____ Yes _____ No

Is the customer's employment related to training? _____ Yes _____ No

Please explain how the employment is related to training: _____

****Starting Date of Employment:** _____

Employer Name: _____

Employer Address: _____

City _____ **State** _____ **Zip Code** _____

Employer Phone: (_____) _____ - _____ **Work e-mail or fax** _____

Supervisor: _____

Job Title _____ **Wage \$** _____ **per hour/year** _____ **hours per week**

****If the customer obtained employment prior to the completion of training/service, please answer the following questions:**

Does the customer intend to finish your program/training? _____ Yes _____ No

If yes, will the hours/days for participating in your program change to accommodate their work schedule? _____ Yes _____ No

Comments:

_____ **Name of Person Completing Form/Title** _____ **Phone #** _____

_____ **Signature** _____ **Date** _____