

# PHOENIX WORKFORCE CONNECTION FOLLOW-UP AGREEMENT

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

You are being enrolled in an employment and training program funded under the Workforce Investment Act (WIA). The program is administered by Phoenix Workforce Connection and operated by the {INSERT AGENCY}. After you leave this program, a representative will contact you to see how you are doing and follow up on your employment/educational status. The information you provide will be used to help us improve our services to you and to other program customers. The calls will only take a few minutes, and all information you provide us will be kept strictly confidential. Your participation is very important to the core success of this program and your help is greatly appreciated.

Please list at least two people who do not live in your household, and will know how to contact you in the event that you move.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I agree to provide information in the follow-up interviews. The information I provide will be kept strictly confidential. I also give permission to my past and present employers to release information to the [Inset Agency] regarding my employment and earnings.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Advisor Signature

\_\_\_\_\_  
Date