

*This is information needed for each participant and entered in the Illinois workNet Incumbent Worker Tracking System.*

| Training Program Information  |   |  |
|---|---|--|
| Company Name:   |   | Date:  |
| Participant Last Name:  | First Name:   | Middle Initial:  |
| SSN:  | Birth Date:   | ZIP Code:  |
| Email:  |   | Date Hired:  |
| Private Information   |   |  |
| Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Prefer Not to Answer | Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Prefer Not to Answer |  |
| Disability:<br><input type="checkbox"/> Yes <input type="checkbox"/> None   | If Yes, complete the following:<br>Disability Status:<br><input type="checkbox"/> Developmental Disability<br><input type="checkbox"/> Disability Affecting Employment<br><input type="checkbox"/> Learning Disability<br><input type="checkbox"/> Prefer Not to Answer   | Category of Disability:<br><input type="checkbox"/> Physical Impairment<br><input type="checkbox"/> Mental Impairment<br><input type="checkbox"/> Both |
| Veterans Status:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes, complete the following:<br><input type="checkbox"/> Qualified Spouse of a Veteran<br><input type="checkbox"/> Transitioning Service Member <input type="checkbox"/> Prefer not to Answer Veteran  |  |
| Starting Job Title/SOC:   | Will Training Upgrade Occupation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Outcome Occupation/SOC:  |
| Employment Status :<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Employed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unemployed<br><input type="checkbox"/> Received notice of termination/Military Separation <input type="checkbox"/> Not Employed  |  |
| Training Results: (This information should be completed once the training status is known).                               |   |  |
| Workers Training Status:  | <input type="checkbox"/> Not Started<br><input type="checkbox"/> In Progress<br><input type="checkbox"/> Completed and Certificate of Completion Earned   | <input type="checkbox"/> Completed and Credential Earned<br><input type="checkbox"/> Did Not Complete Requirements                                     |
| Workers Training Outcome (Select all that apply):   |   |  |
| Retained Employment:  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Received Wage Increase:   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Received Promotion:   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |