MASSHIRE | DEPARTMENT OF CAREER SERVICES

WIOA Title I Program Training Form

Applicant Information

Full name: _____ E-mail address: _____

Telephone: _____ MOSES ID: _____

Training Provider Information

Name: _____ Contact e-mail: _____

Contact Person: _____ Contact phone: _____

Denial / Approval Information

☐ **Denial Date:** _____

☐ Lack of WIOA funding
☐ Not Program Eligible
☐ Customer Marketable
☐ Already Enrolled in Training
☐ Not Following Through
☐ Other _____

_____

_____

_____

☐ **Approval:** This is to certify that the applicant named above is enrolled as a participant in the following MassHire Career Center approved training program and will be attending training during the dates listed below (check all that apply):

☐ Adult
☐ Dislocated Worker
☐ Trade
☐ Youth
☐ OJT/Apprenticeship
☐ Other (i.e., NDWG) _____

Approval Date: _____ Training Start Date: _____ Training End Date: _____

Acknowledgment of Receipt

By signing below, the applicant acknowledges receiving a copy of this notice.

_____	_____	_____	_____
(Applicant signature)	*(Date)*	*(Email Address)*	*(Telephone Number)*

_____	_____	_____	_____
(MCC Counselor)	*(Date)*	*(MCC Manager)*	*(Date)*

NOTICE: The MassHire Workforce Development Board (MWDB) in accordance with the law and as a recipient of Federal financial assistance prohibits discrimination on the following basis: of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.