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Rivers East WORKFORCE DEVELOPMENT BOARD



ETPL Staff Request Form

Participant Name: _____ State ID: _____

Program: ISY OSY Adult DW

Does the participant currently have a degree or credential? Yes No

If yes, please list the degree/credential and year obtained: _____

Is the participant unemployed, and if so, for how long? _____

What is their most recent occupation? Please include salary. _____

What is their desired occupation? _____

Does this occupation fall into one of our 4 established career pathways in the Rivers East? Yes No

Is this training request to upskill or to change their career? Upskill Change career

If upskilling, please give a summary of why the participant needs training. If changing careers, is there a reason the participant can't or doesn't want to work in their current field?

Has the participant completed the Career Research Worksheet and the Training Provider Research Worksheet?

Yes No

Has the participant completed a personality/career assessment? Yes No

Did the results of the personality/career assessment align with their desired occupation? Yes No

Please provide 3 URLs to job postings for the desired occupation in our region.

#1 _____

#2 _____

#3 _____

Training Program & Provider Requested: _____

Cost of Training: _____ Length of Training: _____

Training Provider Phone: _____ Email: _____

Career Advisor: _____ Date: _____