



IWT APPLICATION ATTACHMENT B: PARTICIPANT DETAIL FORM

Complete one Participant Detail Form for each employee who will be attending training. These forms must be submitted immediately after approval of this application. Information obtained on this form is used to measure Diversity, Equity, and Inclusion related outcomes specific to this grant and is otherwise confidential.

Name of Company:			
Trainee's Last Name:		Trainee's First Name:	
SSN:		Zip Code of Residence:	
Job Title:		Hourly Wage:	
Employment Start Date:		Date of Birth:	
Military Status: <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Qualified Spouse <input type="checkbox"/> Transitioning Veteran <input type="checkbox"/> Prefer not to answer		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer	
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Disability Affecting Employment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Prefer not to answer			
Ethnicity: Check all that apply.		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Island <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	
Course(s) Trainee Will Be Attending:			
Planned Pay Increase?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Increase:	
Planned Promotion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Job Title after Promotion:	