

**Round 1 WCTF Participant Enrollment Form**

***Please note this is the current Participant Enrollment Form. Slight modifications may be made to this for WCTF Round 2 Implementation Projects.***



**WCTF Participant Confidentiality Statement and Release Form**

I understand that the training program I am about to enter is paid for by the state of Massachusetts through the Workforce Competitiveness Trust Fund. Commonwealth Corporation (CommCorp), which oversees the Fund for the state needs information about the training program and people attending training classes to be able to report to the state on how well the whole program is working and whether or not it is meeting its goals.

I understand that all information that I give to project staff about myself will be kept confidential. I also understand that project staff may ask my employer for information about my job and/or my pay and that this information will be kept confidential. Any other information about me, such as information from interviews, tests, reports from career counselors or other sources, will also be kept confidential and will only be used by Workforce Competitiveness Trust Fund staff to report on the whole program. Any information that can be connected to my name cannot be given out to anyone else without my permission.

By being able to show that people who attended training through the Fund are working and earning more, Commonwealth Corporation and other interested groups, like employers, can make a good case to the state to ask for more money to fund future training programs.

We hope that you will be able to share your social security number with Commonwealth Corporation. If so, please sign below.

I, \_\_\_\_\_  
(Print your name)

understand that as part of the training program funded by the Workforce Competitiveness Trust Fund, Commonwealth Corporation will be collecting confidential information about me and my participation in the program. I have read and understood the above statement and give Commonwealth Corporation permission to collect and use my information and give permission for my employer to release job and/or wage information according to the statement above. I understand that by giving my social security number on this form, I give Commonwealth Corporation permission to use this number to get information on the results of the Workforce Competitiveness Trust Fund. I understand that this information will only be used to obtain state employment information to evaluate the Workforce Competitiveness Trust Fund projects and that my identity (name, address, etc) will not be connected to the information obtained by the state.

\_\_\_\_\_  
Sign your name

\_\_\_\_\_  
Date

**WCTF PARTICIPANT REGISTRATION FORM****REQUIRED**

CONFIDENTIAL DATA: FOR OFFICIAL USE ONLY

**PARTICIPANT BASIC INFORMATION**

FIRST NAME MIDDLE INITIAL LAST NAME

EMAIL ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PROGRAM ENROLLMENT DATE

Month Day Year

PHONE NUMBER

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

**PARTICIPANT EMPLOYMENT INFORMATION**WHAT IS YOUR  
CURRENT EMPLOYMENT  
STATUS?

\_\_\_\_ EMPLOYED

\_\_\_\_ UNEMPLOYED

IF EMPLOYED, CURRENT  
EMPLOYER NAME

DATE OF HIRE

CURRENT JOB TITLE / DESCRIPTION

CURRENT  
HOURLY  
WAGEHOURS WORKED  
WEEKLYPLEASE SELECT FRINGE BENEFITS YOU CURRENTLY ARE RECEIVING  
FROM YOUR EMPLOYER:(CHECK ALL THAT APPLY)

\_\_\_\_ RETIREMENT PLAN

\_\_\_\_ PAID VACATION

\_\_\_\_ TUITION REIMBURSEMENT

\_\_\_\_ HEALTH INSURANCE

\_\_\_\_ PAID SICK TIME

**PARTICIPANT DEMOGRAPHIC INFORMATION**

GENDER

\_\_\_\_ MALE

\_\_\_\_ FEMALE

ETHNICITY: (CHECK ONLY ONE)

\_\_\_\_ HISPANIC OR LATINO (OF ANY RACE)

\_\_\_\_ NOT HISPANIC OR LATINO

RACE: (CHECK ONLY ONE)

\_\_\_\_ WHITE

\_\_\_\_ ASIAN

\_\_\_\_ NATIVE HAWAIIAN OR  
PACIFIC ISLANDER

\_\_\_\_ OTHER

\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE

\_\_\_\_ BLACK OR AFRICAN AMERICAN RACES

\_\_\_\_ TWO OR MORE RACES

US CITIZEN

\_\_\_\_ YES

\_\_\_\_ NO



**PARTICIPANT BASIC INFORMATION**

**Name:** Enter your first name, middle initial and last name.

**Email Address:** Please provide an email address where project staff may contact you. If you do not have an email address please leave this blank.

**Date of Birth:** Enter your date of birth in the following format (mm/dd/yyyy).

**Social Security Number:** Enter 9-digit Social Security Number.

**Program Enrollment Date:** Enter the date (mm/dd/yyyy) the form is filled out.

**Phone Number & Address:** Please provide current phone number and address where project staff may reach you

**PARTICIPANT EMPLOYMENT INFORMATION**

**What is Your Employment Status:** Select "Employed" if you are currently employed and "Unemployed" if you are currently not employed.

**If Employed, Current Employer Name:** Please list current employer name, if employed

**Date of Hire:** Please list the date you started work with your current employer

**Current Job Title/Position:** Please list your job title at your current employer

**Current Hourly Wage:** Please list your hourly wage at your current employer

**Hours Worked Weekly:** Please enter the total number of hours you usually work per week. If you are a salaried employee, please list your yearly salary.

**Fringe Benefits:** Please choose all fringe benefits that you receive through your current employer. Select all that apply.

**PARTICIPANT DEMOGRAPHIC INFORMATION**

**Gender:** Select either male or female.

**Ethnicity:** Select your ethnicity based on the following descriptions:

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Not Hispanic or Latino**

**Race:** Select your race based on the following descriptions:

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or more races:** select this choice if you are more than one race

**Other:** select this choice if you are of more than one ethnicity

**US Citizen:** Select YES if you are a U.S Citizen and NO if you are not a U.S. Citizen.

**Were you born in the United States:** Please check YES if you were born in the United States and NO if you were not born in the United States. If you were not born in the United States please provide the year you arrived in the United States and your country of birth.

**Do You Feel Your English Skills Limit Your Ability to Advance in Your Job?:** Please enter YES if you feel your English skills (speaking, writing, reading) limit your ability to advance in your job and enter NO if you feel they do not limit your ability to advance in your job.

**Disability:** Please check YES if you have a disability and NO if you do not have a disability. If you do have a disability please indicate whether this is an "Emotional" or "Physical" disability or a combination of "Both" by checking the correct type.

**Receiving Benefits:** Please select any benefits you are currently receiving. Please check all that apply.

**Family Size:** Enter your family size. A family is a group of two or more people who live in the same home and who are related by birth, marriage, or adoption.

**Yearly Family Income:** Enter your yearly family income based on the previous question.

**Highest Level of Schooling that you have completed:** Please select your highest level of schooling that you have completed from the list on the registration form.

**Please list any credentials or certificates you hold.**

**Applicant Statement:** Applicant certification statement that (a) the information they have given is accurate, and that (b) the applicant has acknowledged that information collected during the application process and may be used for evaluation purposes by the Commonwealth Corporation.

**Applicant Signature & Date:** Applicant must sign and date to verify the accuracy of the information given at time of intake and eligibility determination.