## **South Central WDC Follow-Up Information Form**

Name:	Social Security #:	Phone:
Address:	City:	State:_ Zip:
Exit Date: Exit Code:	Age at registration:	Age at Exit:
Pı	rogram Exit Date:	
<b>Employment</b>		<u>School</u>
□ Employed □ Unemployed  Job Title at hire:  Employer Name:  Address:  City: State: Zip:  Phone: Start Date:  Starting Pay: Pay Now:  Job Title now:  Hours per week: End Date:	☐ Military  Name of Sch  Name & title  Address:  City: Phone: Objective:	School    Postsecondary    Advanced Training  Apprenticeship    Other Training  ool/Facility:  of school staff: *(Staff statement in comments)  State:    Zip:      Start Date:      Projected end date:      Credential this quarter. Date:
1 <sup>st</sup> Qua	arter after Exit Date:	
□ Employed □ Unemployed  Job Title at hire:  Employer Name:  Address:  City: State: Zip:  Phone: Start Date:  Starting Pay: Pay Now:  Job Title now:  Hours per week: End Date:	☐ Military  Name of Sch  Name & title  Address:  City: Phone: Objective:	School    Postsecondary    Advanced Training  Apprenticeship    Other Training  ool/Facility:  of school staff: *(Staff statement in comments)  State: Zip:  Start Date:  Projected end date:  Credential this quarter. Date:
*Comments:	I	

2 <sup>nd</sup> Quarter after Exit	Date:	
☐ Employed ☐ Unemployed	☐ Secondary School ☐ Postsecondary ☐ Advanced Training	
Job Title at hire:	☐ Military ☐ Apprenticeship ☐ Other Training	
Employer Name:	Name of School/Facility:	
Address:	Name & title of school staff: *(Staff statement in comments)	
City: State: Zip:	rume to the of sensor starr. (Starr statement in comments)	
Phone: Start Date:	Address:	
Starting Pay: Pay Now:	City: State: Zip:	
Job Title now:	Phone: Start Date:	
Hours per week: End Date:	Objective:Projected end date:	
	☐ Completed Credential this quarter. Date:	
*Comments:	_ completed creatment and quarters Zuite	
3 <sup>rd</sup> Quarter after Exit	Date:	
☐ Employed ☐ Unemployed	☐ Secondary School ☐ Postsecondary ☐ Advanced Training	
Job Title at hire:	☐ Military ☐ Apprenticeship ☐ Other Training	
Employer Name:	Name of School/Facility:	
Address:		
City: State: Zip:	Name & title of school staff: *(Staff statement in comments)	
Phone: Start Date:		
Starting Pay: Pay Now:	Address:	
Job Title now:	City: State: Zip:	
Hours per week: End Date:	Phone: Start Date:	
-	Objective:Projected end date:	
	☐ Completed Credential this quarter. Date:	
*Comments:		
4th Quarter after Exit	Date:	
☐ Employed ☐ Unemployed	☐ Secondary School ☐ Postsecondary ☐ Advanced Training	
Job Title at hire:	☐ Military ☐ Apprenticeship ☐ Other Training	
Employer Name:	Name of School/Facility:	
Address:		
City: State: Zip:	Name & title of school staff: *(Staff statement in comments)	
Phone: Start Date:		
Starting Pay: Pay Now:	Address:	
Job Title now:	City: State: Zip:	
Hours per week: End Date:	Phone: Start Date:	
	Objective:Projected end date:	

Agency Representative

Date