



Attachment B

VWL No. 16-05, Incumbent Worker Training

Incumbent Worker Eligibility Documentation

Attachment B contains the following incumbent worker training eligibility documentation forms:

- Incumbent Worker Training Employee Eligibility Certification Form
- Incumbent Worker Training Employee Information Form
- Incumbent Worker Training Employee Eligibility Checklist

Attachment B (continued)

Incumbent Worker Training Employee Eligibility Certification Form

As an authorized representative of the Business submitting this application, I hereby certify that the individuals to be trained meet the requirements listed below.

- All individuals receiving training are at least 18 years of age or older;
- All individuals receiving training are citizens of the United States or a non-citizen whose status permits employment in the United States;
- All males born after January 1, 1960 are registered with the selective service system (see attached Selective Service Documentation forms);
- All individuals receiving training meet the Fair Labor Standards Act requirements for employer-employee relations and have an established employment history with the employer for 6 months or more; and
- All individuals receiving training are employed at a facility located in Virginia.

I also certify that the IWT Employee Information Form has been completed for each individual participating in Incumbent Worker Training.

I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding. I agree to adhere to all of the reporting requirements; and to provide all requested data elements as required for federal reporting.

Further, I agree that this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

Signed: _____

Printed Name: _____

Job Title: _____

Date: _____

Attachment B (continued)

Employee Eligibility Checklist

Individual Name: _____

Employer Name: _____

Completed by: _____

Reviewed by: _____

The following information comes directly from VWL 15-01, Attachment D- Acceptable Verification and Documentation for WIOA Eligibility dated July, 1, 2015. Please select the source documentation used to verify the IWT employee eligibility criteria and attach a copy of the documentation to this checklist.

Selected Item	Documentation source
Social Security Number	
	Social Security card/ notice of SSN assigned
	DD-214, Report of transfer or Discharge if SSN is listed
	Employment Records
	IRS Form Letter 1722
	Letter from Social Service Agency
	Driver's License if SSN is shown
	Pay stub if SSN is shown
	Social Security Benefit documents
	W-2 Form
	Unemployment Comp/UI records if Name and SSN are listed
	School records
Age	
	Baptismal record if date of birth is shown
	Birth Certificate

	DD-214
	Driver's License
	Federal, State or Local Government ID card
	Hospital record of birth if full name is shown
	Passport
	Public Assistance/Social Service Records
	School records/ID card
	Work Permit
Citizenship/ Right to Work <i>(if on the verification source, the place of birth is not in the United States, additional verification may be needed.)</i>	
	Baptismal Record if place of birth is shown
	Birth Certificate
	DD-214- if place of birth is shown
	SNAP award letter from DSS
	Hospital record of birth if place of birth is shown
	Hand gun permit
	Naturalization certificate
	Public Assistance records
	Social Security Card (work eligible) with ID
	Native American Tribal Document
	E-verify- https://e-verify.uscis.gov/Self-Check
	US Citizenship and Immigration Services (USCIS) Forms (www.uscis.gov ; from the home page click "Verification" in the left column, then click "I-9 Central" on the right column, then click "Acceptable Documents" on the left column.
Selective Service Registration <i>(required for all males born after January 1, 1960)</i>	
	Selective Service Advisory Opinion Letter

	Selective Service Registration Record, Form 3A
	DD-214
	Stamped Postal Service Receipt of Registration
	Internet Verification/Registration- www.sss.gov
	Selective Service Telephone Verification (847)-688-6888 <i>(please fill out below)</i>
	Date of Individual's Registration:
	Agent Verifying Registration:
	Date of Verification: