



SAN BERNARDINO COUNTY WORKFORCE DEVELOPMENT DEPARTMENT

Training Customer Commitment

East Valley AJCC

High Desert AJCC

West Valley AJCC

Customer Name: _____

Last four digits of SSN: _____

I have reviewed the Individual Training Account (ITA) that will be opened on my behalf when I begin training.

I understand my responsibility and commit to:

- Attend classes regularly and perform all classwork required for successful completion.
- Meet all expectations as set forth by the Training Facility.
- Provide my WDS-Advisor with progress and monthly attendance reports.
- Actively pursue employment in the area for which I am being trained.
- Make contact with my WDS-Advisor monthly during and after training.
- Provide *detailed* employment information to the America’s Job Center of California when I find employment.
- Take financial responsibility for any training costs not covered by the WIOA grant as a result of exiting the training program prior to its completion

Upon completion of training, I commit to working with the America’s Job Center of California and my WDS-Advisor to job search.

I further understand that payment for my training may be withheld if I do not uphold my commitment as stated above.

Customer Signature:	Date:
Customer Printed Name:	

With signature below, the WDS acknowledges that the above information has been reviewed with and explained to the customer prior to final approval of the ITA.	
WDS Signature:	Date:
WDS Printed Name:	