

OIC TRAINING ACADEMY - EXIT INTERVIEW

Student Name _____

Social Security Number _____ Program _____

Current Address _____

Telephone _____ Cell Phone _____

Email Address _____

Spouse/Significant Other _____

Their Address (if different) _____

Telephone (if different) _____ May we contact? _____

Employer _____ Phone _____

Contacts (2 required):

Name of Closest Relative/Contact (not living with you) _____

Their Address _____

Telephone _____ Alternate _____

Relationship to You _____ Hours to contact? _____

Alternate Contact (not living with you) _____

Their Address _____

Telephone _____ Alternate _____

Relationship to You _____ Hours to contact? _____

Alternate Contact (not living with you) _____

Their Address _____

Telephone _____ Alternate _____

Relationship to You _____ Hours to contact? _____

Employment Status:

Are you currently employed? _____ Employers Name _____

Employers Address _____

Supervisor Name _____ Telephone _____

Length of Time Employed _____ Title/position _____

Days you work? _____ Hours _____ Wage _____ Benefits _____

What are your plans after you complete the program? _____

Have you begun your job search? _____ If not when? _____

Describe your job search plan: _____

Job Service Newspaper Internet Network Resumes/Applications Direct contact

What additional Job Search Assistance do you feel that you need from OIC Training Academy?

---THIS SECTION IS TO BE COMPLETED BY WITHDRAWING STUDENTS ONLY---

What is your reason for withdrawing? _____

What could OIC have done to assist you with retention in training? _____

Is your goal to obtain employment? _____ If so, What? _____

Financial Aid Student Understanding

Do you have a student loan from our school? (circle one)

YES

NO

If yes, you must see Financial Aid Officer for Exit Loan Interview before completion of program. If you do not see the Officer, your diploma and transcripts will be held and you will not officially be completed.

Student Name

Date

Follow-up Contacts Student Understanding

I understand that OIC Training Academy is required by my funding source to maintain regular follow-up contacts with me following completion or withdrawal from training. I agree that I will provide accurate information to the Follow-up Coordinator on a timely basis. If any of the personal information in this exit interview changes, I will notify OIC Training Academy with the new information.

Student Name

Date

WIA Students Follow-up Form

I, _____, acknowledge that I have received a copy of the Workforce Investment Act Follow-Up form for OIC Training Academy. I understand this form should be completed and turned into the Work4WV Center at a minimum of two weeks upon completion of the WIA Training.

Student Name

Date

OIC Representative

Date