

Job Training Program

Exit Interview

Applicant's name: _____ Extension: _____

Training Supervisor name: _____ Extension: _____

Start date: _____ End date: _____

Objectives for training;

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Trainee comments: (use space below or attach a separate page)

Training Supervisor's comments: (use space below or attach a separate page)

I confirm that this applicant has successfully completed this job training program and met the above job training objectives.

I confirm that this applicant has completed 160 hours toward the job training requirements in the 90 day window.

Signature of Training Supervisor _____ Date _____

Signature of Trainee _____ Date _____

Please return completed Exit Interview form to the appropriate committee representative.