

DETROIT WORKFORCE DEVELOPMENT DEPARTMENT
A Michigan Works Agency!

WORK FIRST
Candidate for Classroom Training

Referring Agency: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Participant's Name: _____

Participant's Address: _____

Customer ID Number: _____ Telephone Number: _____

REPORTING INFORMATION

One Stop Address: _____

Contact Person: _____ Telephone Number: _____

Fax Number: _____

Day and Time to Report: _____

Reported to Training? Yes, Date: _____ No

Total Hours Spent at One Stop? _____

Accepted to Training? Yes, Date: _____ No

**Please be sure to fax this form back to the referring agency
within one week of scheduled appointment!**

This referral does not represent automatic acceptance to training!

Funded by Michigan Department of Labor and Economic Development
Auxiliary Aids and Services are available upon request to individuals with disabilities
TTY Number 1•800•649•3777