



WorkFirst

WEX TRAINING CONTRACT INFORMATION SHEET

New Employee Name _____ Phone Number _____

Employer Name _____ Phone Number _____

Employer Mailing Address _____

Training Site Address _____

Trainer Name _____

Employee Position _____

Start Date _____ End Date _____

Hours Per Week _____ Wages Per Hour _____

Specific Skills for training and how many hours needed to obtain each skill

- 1. _____ Hours _____
- 2. _____ Hours _____
- 3. _____ Hours _____
- 4. _____ Hours _____
- 5. _____ Hours _____
- 6. _____ Hours _____
- 7. _____ Hours _____
- 8. _____ Hours _____
- 9. _____ Hours _____