

Date: Jun 22 2021  
Letter ID: L0038601690  
Claimant ID: NR682J

KHANH G. TRUONG  
2309 S ASH ST  
TACOMA WA 98405-3143

**Training Benefits Application**

Name:	SSN or Claimant ID number:
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**Take this completed application packet to your school advisor  
or representative to complete this section**

**You must return this letter by Jul 2 2021.**

Send us back this letter by fax to 800-301-1796 or mail it to:

Employment Security Department  
P.O. Box 9046  
Olympia, WA 98507-9046

**Training provider certification**

1. Is the applicant's training full time? ☐ Yes ☐ No
2. Are the applicant's training start and end dates correct as shown? ☐ Yes ☐ No
3. Will your school certify the applicant's satisfactory progress and enrollment in training every six weeks? ☐ Yes ☐ No

If no to any of the above, please explain: \_\_\_\_\_

4. \_\_\_\_\_  
Is the applicant taking English as a Second Language class?

5. Is the applicant taking basic-education classes?

6. When did the applicant pre-register or get on a waiting list to start training? (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Search more than 60,000 Washington jobs on WorkSourceWA.com. Visit WorkSource for free employment workshops and expert job-hunting advice.

Read the Handbook for Unemployed Workers at [esd.wa.gov](http://esd.wa.gov) to find everything you need to know about benefits, including training for a new career.

7. What is the applicant's first day of school? (mm/dd/yy): \_\_/\_\_/\_\_

8. When will the applicant complete their program? (mm/dd/yy): \_\_/\_\_/\_\_

*I have reviewed **Section 2 – Training program information**, and certify the information I provided is true to the best of my knowledge.*

**School advisor or representative - please print your name and title**

Name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WorkSource staff**

If the application is received at a WorkSource employment center (or other American Job Center if living outside Washington), staff please date and sign below and forward to the Training Benefits Unit.

Print name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date received: \_\_\_\_\_

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.

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