



Alaska Chapter

Referral Follow-Up

ABC has referred individuals to you based on your request for placement. In order for ABC to accurately document the results it is necessary for you to provide ABC with feedback on each individual referred.

Complete and return this form to the ABC of Alaska office within 10 days of your receipt of any ABC referral. (Check one block in each area.)

Date: _____ Company: _____ Trade: _____

Apprentice /Applicant Name: _____ Wage: \$_____

(1.) RECORD OF ACTIVITY

I have declined to interview this individual for the following reasons:

I have interviewed this individual.

(2.) RECORD OF DETERMINATION- (APPLICANTS ARE NOT TO BE INTERVIEWED)

I intend to hire the above-named individual, the start date _____
(Employer accepts responsibility for all apprenticeship fees)

I do not intend to hire the above-named Applicant/Apprentice because they:

- Have insufficient work experience **(Laid off apprentices only)**
- Have insufficient educational background **(Laid off apprentices only)**
- Have found other employment
- Did not show
- Did not want to work for our company
- Other, please explain:

Upon hiring, the participating employer, assumes all responsibility for all fees associated with the above-named individual until an exit survey is received which indicates that the above-named individual is no longer in your employ.

Signature _____ Title _____ Date _____