pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
KEYSTONE WORKS

CLAIMANT AGREEMENT

KW ☐☐ – ☐☐ – ☐☐☐☐

CLAIMANT NAME	SOCIAL SECURITY NUMBER ☐☐☐ – ☐☐ – ☐☐☐☐
ADDRESS	TELEPHONE NUMBER(S)
BUSINESS NAME	CLAIMANT EMAIL ADDRESS

AGREEMENT:

1. I have received information describing the training schedule and duties the business will require of me during this training program.
2. I will attend the established training schedule.
3. I will follow the rules (including safety rules) and regulations of the business, and instructions provided by the business supervisor(s).
4. I will provide information regarding my progress to the Pennsylvania Department of Labor & Industry.
5. I will not accept any form of compensation, cash or otherwise, for participating in training.
6. I understand that neither the Keystone Works Program nor the business will provide me with compensation during training.
7. I understand that the Keystone Works Program is a training opportunity and employment is not guaranteed.
8. I understand that the business is under no obligation to hire me upon completion of training.
9. I understand that I must continue to file bi-weekly certifications each week that I am unemployed to continue to receive unemployment compensation (UC).
10. I will continue to report my earnings from other sources for each week that I claim UC.
11. I understand that I may be subject to drug and/or alcohol testing under the business' policies. Failure to comply with drug and/or alcohol testing may result in termination from the Keystone Works Program.
12. I understand that I may be subject to a criminal-background check in accordance with a business' policy and agree to consent to a criminal-background check conducted by a business. By consenting to a criminal-background check, I understand that I may be waiving my right of confidentiality concerning the background check, and I release any parties concerned from any action(s) arising from the release of such information.
13. I understand that if I decline an offer of employment, I may no longer be eligible for UC.
14. If injured during my participation as a claimant, I may be eligible to receive workers' compensation benefits pursuant to the provisions in the Pennsylvania Workers' Compensation Act, in conjunction with section 1404 of the Workforce Development Act.

X _____ _____

SIGNATURE OF CLAIMANT DATE

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program