

Staff Confidentiality Agreement

I, _____ [print name], understand that, by virtue of my position within the West Central Arkansas Workforce Development System (through the Workforce Development Board, Title I Service Provider, or as vendors to service provider), I may have access to customer and employer confidential records.

I have read and understand the Workforce Development Board's Policy on Confidentiality and Protecting Personal Information. I understand that it is my responsibility as part of the workforce development system in West Central Arkansas to protect the confidentiality of all Workforce Innovation and Opportunity Act (WIOA) applicants and participants, as well as customers utilizing the American Job Centers and any affiliated sites and programs. I understand that in the workforce system's collection, usage, storage and transmission of customer information, the tenets of confidentiality are to be strictly enforced.

I understand that violation of this policy could result in disciplinary action, which could include verbal counseling, written warning or termination of my employment or position. I also understand that violations of confidentiality may be subject to civil and criminal liability under state and/or federal law.

By signing below, I acknowledge that I have read and understand this policy and agree to be bound by those terms and conditions throughout my participation in the workforce system. WDB staff or their designee have answered any questions I may have had regarding this policy.

Print Name

Employee/Volunteer Signature

Date