PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL  
Workforce Innovation and Opportunity Act of 2014 (WIOA)  
PRIVACY ACT NOTICE – Updated 7/10/15

You are asked to provide us with your social security number (or numbers if you have more than one) when you apply for WIOA services. All of the information you give to us is protected under the Privacy Act of 1974 (5 U.S.C. 552a). This notice fulfills the requirement that we inform you as to the statutory or regulatory authorization to ask you for that information (particularly your social security number) and also tells you what we will use that information for.

Authorization:

Section 189(h) of the Workforce Innovation and Opportunity Act of 2014 and Part 666.150[a] of Chapter 20 of the Code of Federal Regulations (20 CFR Part 666.150[a]) authorize or require us to conform to certain other laws and to performance reporting requirements of the Workforce Innovation and Opportunity Act.

Uses:

1. In order to comply with Section 189(h) of the Workforce Innovation and Opportunity Act of 2014, we must ensure that any male applicant who was born after December 31st of 1959 has registered with the Selective Service. In order to document that such registration has occurred, we must use your social security number, your date of birth, and your last name. You can check the status of your own registration by visiting the web site of the Selective Service System at http://www.sss.gov and following the directions on that web page. We will use your social security number to check your registration.

2. In order to comply with the performance reporting requirements of the Workforce Innovation and Opportunity Act we are required to use “quarterly wage record information.” This information is used to provide the US Department of Labor, The Congress, and you, information about how well or poorly we achieve our goals of getting people to work. The term “quarterly wage record data” is defined by the Department of Labor at part 666.150 (c), of Chapter 20 of the Code of Federal Regulations as “information regarding wages paid to an individual, the social security number (or numbers, if more than one) of the individual and the name, address, state, and (when known) the Federal employer identification number of the employer paying the wages to the individual.”

Please note that unless you expressly give us permission to release information that is identifiably yours, the only use we can make of information you give us is limited to making statistical reports of our performance available to you and other taxpayers/customers, as we are required to do by the Workforce Innovation and Opportunity Act.

If you think your right to privacy has been violated you may report this using the Pacific Mountain Workforce Development Council grievance procedure. You may have access to remedies in the civil courts and people who have knowingly released information without your approval may face criminal penalties.

_________________________________________  ____________________________
Applicant Signature       Date

File Copy
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**Participant Copy**