

EMPLOYEE TRAINING ACKNOWLEDGEMENT FORM

Employee Name: _____ Employee ID: _____

Department: _____ Position/Title: _____

Training Program Details:

Training Title: _____

Trainer's Name: _____

Location: _____

Duration: _____

Acknowledgement:

I acknowledge that I have participated in the above-described training program. I understand the content presented and have had the opportunity to ask questions to ensure my understanding. I agree to comply with all applicable policies and procedures related to the training material. I understand that ongoing compliance with these policies is a condition of my employment.

Employee Responsibilities:

1. To apply the knowledge and skills gained from this training to my job duties.
2. To seek clarification and additional training if I do not understand any aspect of the training.
3. To adhere to all safety and compliance procedures as outlined in the training.
4. To report any incidents or concerns related to the training subject matter to management promptly.

Employer Responsibilities:

1. To provide comprehensive and accurate training to all employees.
2. To maintain records of employee training and acknowledgments.
3. To offer support and resources necessary for employees to comply with training requirements.
4. To update training materials and procedures as required by law or company policy.

Confidentiality Statement:

The information provided in this training is confidential and proprietary to the Company. Employees are expected to maintain the confidentiality of this information and not disclose it to unauthorized persons during or after their employment. Any breach of confidentiality may result in disciplinary action, up to and including termination.

Legal Compliance:

This training acknowledgement form complies with all applicable United States federal and state laws, including but not limited to workplace safety regulations, anti-discrimination laws, and labor standards. This document serves as a legally binding agreement between the employee and the employer.

EMPLOYEE SIGNATURE

TRAINER/MANAGER SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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