

**INCUMBENT WORKER TRAINING APPLICATION**

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| **SECTION 1: BUSINESS APPLICANT INFORMATION** | | | | | | | | |
| Business Legal Name  Click or tap here to enter text. | | | | Parent Company Name (If Applicable)  Click or tap here to enter text. | | | | |
| Street Address  Click or tap here to enter text. | | | | | | | | |
| City  Click or tap here to enter text. | | State  Click or tap here to enter text. | | Zip Code  Click or tap here to enter text. | | | County  Click or tap here to enter text. | |
| Employer Contact Person  Click or tap here to enter text. | | Title  Click or tap here to enter text. | | Phone Number  Click or tap here to enter text. | | | | |
| Email Address  Click or tap here to enter text. | | Tax ID #  Click or tap here to enter text. | | Primary NAICS for Project  Click or tap here to enter text. | | | | |
| Description of Employer Project or Services  Click or tap here to enter text. | | | | | | | | |
| Years in Operation  Click or tap here to enter text. | | Years at Current Location  Click or tap here to enter text. | | | | Employer Size  Click or tap here to enter text. | | |
| Full-Time Employees  Click or tap here to enter text. | | Part-Time Employees  Click or tap here to enter text. | | | | Seasonal Employees  Click or tap here to enter text. | | |
| **SECTION 2: LEGAL STRUCTURE OF THE BUSINESS** | | | | | | | | |
| Sole Proprietor | Partnership | | Corporation | | LLC | | Government Entity | |
| Other:Click or tap here to enter text. | | | | | | | | |
| Is employer a subsidiary of another employer or affiliated with a parent employer? | | | | | | | | Yes  No |
| Parent / Affiliated Employer Name (if different)  Click or tap here to enter text. | | | | | | | | |
| Street Address  Click or tap here to enter text. | | | | | | | | |
| City  Click or tap here to enter text. | | State  Click or tap here to enter text. | | Zip Code  Click or tap here to enter text. | | | County  Click or tap here to enter text. | |
| Employer Contact Person  Click or tap here to enter text. | | Title  Click or tap here to enter text. | | Phone Number  Click or tap here to enter text. | | | Email Address  Click or tap here to enter text. | |
| **SECTION 3: EMPLOYER STATUS INFORMATION** | | | | | | | | |
| Current on all Federal and PA State Taxes (explain if no)  Click or tap here to enter text. | | | | | | | | Yes  No |
| Current on all county, city and local taxes (explain if no)  Click or tap here to enter text. | | | | | | | | Yes  No |
| Filed for bankruptcy recently (explain if yes) | | | | | | | | Yes  No |

**INCUMBENT WORKER TRAINING APPLICATION** (continued)

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| **SECTION 3: EMPLOYER STATUS INFORMATION continued** | |
| Union Affiliated? If yes, attach a letter of endorsement from union officials | Yes  No |
| Are there current or unsatisfied judgements or injunctions against the business or owners  Explain Click or tap here to enter text. | Yes  No |
| Is there current or pending litigation involving the business | Yes  No |
| Outstanding wage and hour, health and safety or discrimination complaints  Or adverse decisions? If yes, attach summary. | Yes  No |
| Reduction in the number of hours or shifts?  If yes, explain Click or tap here to enter text. | Yes  No |
| Layoff in the last 12 months  If yes, explain Click or tap here to enter text. | Yes  No |
| **SECTION 4: NEED FOR TRAINING** | |
| **Training is necessary due to:** | Yes  No |
| Company Expansion | Yes  No |
| Expansion of physical operations/production lines | Yes  No |
| Organizational restructuring | Yes  No |
| Introduction of new services / product lines | Yes  No |
| New technology | Yes  No |
| Changing industry requirements | Yes  No |
| **SECTION 5: POTENTIAL LAYOFF AVERSION - TRAINING IMPACT** | |
| Do business circumstances point to probable layoffs | Yes  No |
| Are the worker’s jobs threatened by changing skill requirements | Yes  No |
| Are the skill requirements outside the normal growth and upkeep that would be  provided by the employer | Yes  No |
| Does the employer demonstrate a commitment to retain employees who receive training | Yes  No |
| Have the workers received formal layoff notices | Yes  No |
| Is there a strong possibility of jobs either with the existing employer or a new employer | Yes  No |
| Can the threatened workers attain the required skills in a reasonable period of time | Yes  No |
| **SECTION 6: ANTICIPATED TRAINING OUTCOMES** | |
| Will result in wages increases | Yes  No |
| Will significantly increase employee skills | Yes  No |
| Will result in ability for training to advance within the company | Yes  No |
| Will result in continued employment and no reduction in wages | Yes  No |
| Will create new jobs within the company | Yes  No |
| Will provide industry credentials, credits or degrees | Yes  No |
| Will address identified skill gaps | Yes  No |
| Will increase company efficiency | Yes  No |
| Will training result in an industry recognized credential? | Yes  No |
| If yes, list the type and/or title of the certifications:  Click or tap here to enter text. | |

**INCUMBENT WORKER TRAINING APPLICATION** (continued)

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| **SECTION 7: TRAINING PLAN / DETAILS** | | | | | | | | |
| Briefly describe how the Incumbent Worker Training (IWT) proposal will address identified skill gaps, improve employee retention, impact company stability **and** increase the competitiveness of the employer and employees: *(attach additional sheets if necessary)* | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **Amount Requested**  Click or tap here to enter text. | | | | **Amount of Employer Match**  Click or tap here to enter text. | | | | |
| **Name of Employee** | **Employee Hire Date** | **Name of Training**  **(Course)** | **Training Provider** | | **Cost of Training** | **Total Training**  **Duration** | **Anticipated Training Start Date** | **Anticipated Training End Date** |
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\*Note Social Security Numbers are required (upon award) *Attach additional sheets if necessary*

**INCUMBENT WORKER TRAINING APPLICATION** (continued)

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| **SECTION 8: ADDITIONAL TRAINING PROVIDER INFORMATION** | | | | | |
| Name of Training Provider | Contact Person Name | City / State | | Phone Number | Email |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
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| **SECTION 9: AUTHORIZATION AND CERTIFICATION** | | | | | |
| As the authorized representative of the employer submitting this application, I hereby certify the following:   1. The employer meets the requirements of the IWT according to the policy of Workforce Solutions for North Central PA and is eligible to submit this application; 2. The information contained in this application is true and accurate and reflects the intentions of the IWT program; 3. I am aware that any false information, intentional omissions or misrepresentations may result in rejection of the application and possible disqualification for future funding; 4. I am aware that any false information, intentional omissions or misrepresentations may subject this employer to civil or criminal penalties; 5. I understand that training materials purchased with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no cost; 6. The employer agrees to adhere to all reporting requirements and to respond to a Customer Satisfaction Survey(s) if asked; 7. The employer agrees to provide all requested data elements as required for federal or state reporting; and 8. The employer assures that it will comply fully with the nondiscrimination and equal opportunity provisions of WIOA as follows: WIOA Section 188 specifies that no individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under or denied employment in the administration of or in connection with any such program or activity because of race, color, religion, sex (as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability or political affiliation of belief or solely because of the status of the individual as a participant in a program or activity receiving Workforce Innovation and Opportunity Act (WIOA) funds. | | | | | |
| Name of Authorized Employer Representative  Click or tap here to enter text. | | | Title of Authorized Employer Representative  Click or tap here to enter text. | | |
| Signature  Click or tap here to enter text. | | | Date  Click or tap here to enter text. | | |

Equal Opportunity Employer

Auxiliary Aids and Services are Available to Individuals with Disabilities

Funding provided by: https://www.workforcesolutionspa.com/categories/resources/pages/stevens-amendment