

**INCUMBENT WORKER TRAINING APPLICATION**

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| **SECTION 1: BUSINESS APPLICANT INFORMATION** |
| Business Legal NameClick or tap here to enter text. | Parent Company Name (If Applicable)Click or tap here to enter text. |
| Street AddressClick or tap here to enter text. |
| CityClick or tap here to enter text. | StateClick or tap here to enter text. | Zip CodeClick or tap here to enter text. | CountyClick or tap here to enter text. |
| Employer Contact PersonClick or tap here to enter text. | TitleClick or tap here to enter text. | Phone NumberClick or tap here to enter text. |
| Email AddressClick or tap here to enter text. | Tax ID #Click or tap here to enter text. | Primary NAICS for ProjectClick or tap here to enter text. |
| Description of Employer Project or Services Click or tap here to enter text. |
| Years in OperationClick or tap here to enter text. | Years at Current LocationClick or tap here to enter text. | Employer SizeClick or tap here to enter text. |
| Full-Time EmployeesClick or tap here to enter text. | Part-Time EmployeesClick or tap here to enter text. | Seasonal EmployeesClick 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 AddressClick or tap here to enter text. |
| CityClick or tap here to enter text. | StateClick or tap here to enter text. | Zip CodeClick or tap here to enter text. | CountyClick or tap here to enter text. |
| Employer Contact PersonClick or tap here to enter text. | TitleClick or tap here to enter text. | Phone NumberClick or tap here to enter text. | Email AddressClick 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 beprovided 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** |
| 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. | 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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\*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.
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| Name of Authorized Employer RepresentativeClick or tap here to enter text. | Title of Authorized Employer RepresentativeClick or tap here to enter text. |
| SignatureClick or tap here to enter text. | DateClick 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