



Employer's Application for Training Assistance.

For On-the-Job Training of New Hires by the Employer or
Third Party Customized Training of New Hires or Incumbent Workers

For the Area 19 Workforce Development Board Counties (Portage, Ashtabula, or Geauga)
and/or the Remaining Counties of the Northeast Ohio Workforce (N.O.W.) Region

Section One. General Business Information.

1. Employer Name, Address and Contact Information (a business card may be attached)

Business' Name: _____

FEIN: _____

Address: _____

Contact Information
Name/Phone/Email: _____

2. Under what other names, if any, do you do business? Please list names and locations below:

3. What is your chief product or service? _____

What is your NAICS Code? _____

If unknown, search for NAICS codes at the following website link:

<http://www.census.gov/cgi-bin/epcd/srchnaics02defs>

4. How long have you been in business, within Northeast Ohio, specifically in the counties in which you are seeking to perform training? _____ months _____ years

5. Has or is the business been sold, closed, relocated, or merged with another company within the past 6 months, or are there plans within the coming 6 months? Yes No

6. How many full-time employees / part-time employees do you have employed within _____ county? If not in this county, how many at your facility in adjacent counties? _____

Full-time _____

Part-time _____

To determine the count, adhere to the following rules:

- a) Include all full time, temporary, and permanent workers at the work site including management and production workers. Separate the count from full time (those that average 30 or more hours a week) to part time (those that average less than 30 hours a week).
- b) Include any individuals employed by a staffing agency who are subject to the day to day control of the host employer.
- c) Do not use "Full Time Equivalencies." Every worker counts as "1".
- d) Include individuals employed within the same local operation.
- e) Do not include individuals employed by and subject to the day to day control of other employers or independent contractors.
- f) The "head count" is a snapshot. Use the best, good faith estimate given by the employer on the day when the OJT employer information form is completed.

7. How many full-time individuals do you plan to hire in the next six (6) months? _____

8. What job titles/job descriptions will need to be filled? (Attach job descriptions, if available.)

9. Do you use staffing agencies to fill vacancies? Yes No

If so, which ones? _____

Please describe how the staffing agencies are used (short term, permanent to temporary, temporary to permanent placement and if so after what period of time, etc.): _____

10. Are you currently utilizing individuals to work within your facility who are employed by a third-party firm?

Yes No

If so, please identify the name of the individual, their position, the wage you pay the third-party firm, and the length of time they have been assigned to work at your facility? _____

11. What are your turnover patterns and causes? _____

Could we do anything to help lower turnover? Yes No

If yes, please describe: _____

12. What entry qualifications/skills, licenses, certifications do your workers need? (An attached job description may suffice.)

13. What benefits are provided to full-time, permanent, employees? _____

When are these benefits made available? _____

Section Two. Required Assurances.

The applicant knowingly affirms each of the following answers with the understanding that the intentional provision of inaccurate information could be met with all civil and/or criminal penalties associated with committing a fraud and/or act or omission with the intent to deceive:

1. The business is not presently debarred, suspended, proposed for disbarment or suspension, and/or declared ineligible or excluded from participation in transactions by the U.S. Department of Labor, and/or the State of Ohio.

True False

Reviewer of application will check the same against:

Federal Exclusion and Department Site: <http://www.sam.gov>.

Ohio Department of Taxation: <http://www.tax.ohio.gov>.

Business Filing Search: <http://www.sos.state.oh.us>.

2. The business does not have any outstanding, unresolved, or contested wage and hour, health and safety, employment discrimination charges issued against them by a federal and/or state agency against them within the past twelve (12) months.

True False

If yes, attach a copy of the charge to the same and additional documentation describing the same. When was the charge issued, and what is the contested status of the same? _____

3. The business does not have any unfair labor practice contempt of court findings entered against it within the past six (6) months. True False

Reviewer of application will check the same against the most recent list established by the Ohio Secretary of State.

4. The business does not have any outstanding tax liability to the state of Ohio or any other State for the past six (6) months. True False

5. The business does not have any outstanding civil, criminal, and/or administrative fines or penalties owed to or pending to the federal government and/or the state of Ohio. True False

6. The business has all necessary licenses and/or qualifications required to conduct business within the state of Ohio. True False

7. The business is not governmental entity (including all townships, city, county, and/or state government entities, and/or agents of the same, excluding health care providers that are owned/operated by a governmental entity). True False

8. The business has not relocated all or part of its operations from another area anywhere within the U.S. or its territories within the last 120 days, leaving any unemployed workers behind who were not given an opportunity to transfer to the location within Ohio? True False

9. The business currently does not have any employees on lay-off? True False
If false, what is the job classification(s) of employees currently on layoff? _____

10. The jobs for which the business is seeking to perform training are projected to be in existence for the next twelve (12) months or more. True False

Section Three. Training Specific Information.

1. Is the type of training you intend on conducting going to be provided for new hires or incumbent workers?

Yes

No

New hire training is typically On-the-Job Training (“OJT”), meaning that it occurs within the workplace setting, usually on the workplace equipment/technology, and the training is conducted by employees/agents of the employer. The assistance provided by the Area is reimbursement of the employer for a percentage of the new hire trainee’s wages. New hire training that involves a third-party trainer doing the training is possible, in certain limited instances.

Incumbent Worker Training (“IWT”) is training of employees that have been employed by the business for a minimum of six (6) months, with the training occurring anywhere, utilizing a third party to conduct the training, as the skill set or knowledge to be conveyed is of a nature that it is best presented by a third-party trainer. The assistance provided by the Area is reimbursement of the employer for a percentage of the costs incurred in conducting the training (costs of trainer, supplies, testing costs, etc.)

Customized Training involves training of either new hires or incumbent workers. The hallmark of customized training is that it must involve a third-party educational provider (not the employer’s staff) to conduct the training. The training can occur anywhere or in a combination of settings (third party classroom, on the employer’s premises, and/or hands on, on the job. The educational provider can be on the approved provider list and if so, done pursuant to an Individual Training Account (“ITA”). Alternatively, the educational provider does not have to be on the approved provider list, but if that is the case the provider must be procured. If the training involves ITAs, or incumbent workers, the training must adhere to the Area’s policies on the same, in addition to the Area’s customized training policy.

2. Identify the trainer (business’ employee(s) or third-party, if s/he has been identified) who will be conducting the training. Provide the name of the employer of the trainer, the name of the trainers, and the trainers’ qualifications. If the trainer(s) are not known yet, please indicate the business’ plans for identifying the trainer(s).

3. Describe in general terms the training that will be provided. Identify all degrees or industry certificates, if any that will be conveyed upon the participants of the training.

4. Is the employment of any of trainees governed by a collective bargaining agreement? Yes No

If so, obtain and attach a "concurrence letter" from the union(s), a sample letter will be provided upon request.

5. Describe in general terms the training that will be provided. Identify all degrees or industry certificates, if any that will be conveyed upon the participants of the training.

6. If trainees are known, list them here, along with their length of employment and currently hourly pay, if trainees are now known, list the number of trainees anticipated along with estimated pay.

7. If trainees are known, list them here, along with their hourly pay they will receive within thirty (30) days after completion of training, as a result of completing the training. If trainees are unknown, what is the estimated rate of pay that they will receive within thirty (30) days after completion of the training.

8. Identify the number and types of positions of employment that the provision of the training will cause you to open and hire new employees to fill.

Section Four. Incumbent Worker Training Specific Information.

Only complete this section if you have revealed in Section Three that you are seeking assistance with respect to Incumbent Worker Training.

1. Either list below, or attach separate documentation, that describes the curriculum and/or course of instruction for the training.

2. Either list below or attach separate documentation that provides a detailed budget for the training that would be performed. See the Area policy for costs allowed, and those not allowed.

3. What percentage of the budget provided in response to question #2 above, do you propose be paid by your business? What percentage of the budget provided in response to question #2 do you propose be paid by the Workforce Area?

Section Five. New Hire OJT or Customized Training Specific Information.

Only complete this section if you have revealed in Section Three that you are seeking assistance with respect to new hire Training, through OJT, Customized or ITA training.

1. Do you have a payroll system that records all pay checks and amounts? Yes No
2. Can the local workforce agency verify wage payments of trainees quickly onsite? Yes No
3. Over the last twelve (12) month period, what percentage of new hires have remained employed with you beyond six (6) months after the commencement of their employment?
- (a) Number of trained employees retained _____
- (b) Divided by Number of New Hires _____ (c) equals the percent retained _____ %. If the retention percentage is below 75%, what improvements are planned?

4. What will the starting pay be for trainees upon hire? _____

Is the pay of any individual that is going to receive training based upon commissions, tips, piece work or incentives?

Yes No

If Yes, What positions? _____

Is there a base wage that commissions, tips, piece work, or incentive pay is added to?

Yes

No

If Yes, What positions? _____

If yes to either of the above, what entry earnings may be expected for each job for which training is going to occur?

5. Either list below, or attach separate documentation, that describes what training will be provided (i.e. what types of skills, equipment operation, etc.) during the course of the training; how it will be provided (i.e. observation, hands-on), and how long each type of training will occur.

6. List the total period of time for which all training will occur. _____

7. What percentage of the trainee's wages do you as the employer propose paying during training _____%. What percentage of the trainee's wages do you propose should be paid by the Workforce Area _____%?

CERTIFICATION

I certify to the best of my knowledge the information above is accurate and true. I understand that all information is subject to verification, and that falsification shall be grounds for termination, and may potentially subject the applicant to civil and/or criminal penalties in addition to the termination of assistance and/or refusal of payment. I further understand that providing this information does not guarantee eligibility to receive assistance.

Employer:

Company Name:		
Print Name and Title:		
Authorized Signature:		Date:

OhioMeansJobs County: Job Developer

Agency Name:	OhioMeansJobs,	County
Recommended By:		, Program Officer
Authorized Signature:		Date:

Portage County Dept. of Jobs & Family Services: Administration

Agency Name:	County Dept. of Job & Family Services	
Reviewed By:		, Workforce Administrator
Authorized Signature:		Date: