



Employer's Application for Training Assistance.

For On-the-Job, and/or Customized Training of New Hires by the Employer or Specialized Training of Incumbent Workers by Third Party Trainers.

For the Area 14 Workforce Development Board Counties (Athens, Meigs, Perry)

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 not known, 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 been located within Southeast Ohio, specifically in the counties in which you are seeking to perform training? years.

5. Has or is the business been sold, closed, relocated or merged with another company within the past 6 months, or are the 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 counties adjacent? Total

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 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. Is the business 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?

Yes

No

Reviewer of application will check the same against:

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

2. Does the business 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?

Yes

No

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. Does the business have any unfair labour practice contempt of court findings entered against it within the past six (6) months?

Yes

No

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

4. Does the business have any outstanding tax liability to the state of Ohio or any other State for the past six (6) months?

Yes

No

5. Does the business 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?

Yes

No

6. Does the business have all of its necessary licenses and/or qualifications required to conduct business within the state of Ohio.

Yes

No

7. Is the business a 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.

Yes

No

8. Has the business 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?

Yes

No

9. Does the business currently have any employees on layoff?

Yes

No

If No, what is the job classification(s) of employees currently on layoff?

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

Yes

No

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?

New hire training is typically On-the-Job Training, 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 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.)

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 any and 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 any and 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 the estimated rate of pay will be those within thirty (30) days after completion of the training, as a result of completing 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. On-the-Job Training Specific Information.

Only complete this section if you have revealed in Section Three that you are seeking assistance with respect to new hire On-the-Job 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, piecework 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.

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

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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:

Area 14 Workforce Board Director

Agency Name:	Area 14 Workforce Board Director	
Reviewed By:	, Workforce Director	
Authorized Signature:		Date: