



INCUMBENT WORKER TRAINING APPLICATION

SECTION I: EMPLOYER INFORMATION

Employer Name

Street/Mailing Address

City and State

Zip Code

County

Employer Contact Person

Title

Website

E-mail

Description of Employer
Products or Services

Years in Operation in PA

Years at Current Location

Employer Size - Total

Full-Time Employees

Part Time Employees

Seasonal Employees

Employer Type

FEIN #

DUNS #

NAICS:

Subsidiary/Affiliated Employer Information (if applicable)

Is employer a subsidiary of another employer or affiliated with a parent employer?

Parent/Affiliated Employer

Name: (if different)

Street/Mailing Address

City, State and Zip

Authorized Representative

Title

Phone Number

Email

SECTION II: EMPLOYER STATUS INFORMATION

Current on all Federal and PA State Taxes?

Current on all county, city and local taxes?

Filed for bankruptcy recently?

Union Affiliated? If yes, attach a letter of endorsement from union officials

Outstanding wage and hour, health and safety or discrimination complaints or adverse decisions?

Reduction in the number of hours or shifts?

Layoffs in the last 12 months?

SECTION III: NEED FOR TRAINING

Training is necessary due to: (choose yes or no for each)

Company Expansion

Expansion of physical operations/production lines

Organizational restructuring

Introduction of new services /product lines

New Technology

Changing Industry Requirements

Is training required by local, state or federal entities?

Is your company currently receiving funding from WEDNet for the requested training?

SECTION IV: POTENTIAL LAYOFF AVERSION– TRAINING IMPACT:

Do business circumstances point to probable layoffs?

Are the worker's jobs threatened by changing skill requirements?

Are the skill requirements outside the normal growth and upkeep that would be provided by the employer?

Does the employer demonstrate a commitment to retain employees who receive training?

Have the workers received formal layoff notices?

Is there a strong possibility of jobs either with the existing employer or a new employer?

Can the threatened workers attain the required skills in a reasonable period of time?

SECTION V: ANTICIPATED TRAINING OUTCOMES

Will result in wage increases

Will significantly increase employee skills

Will result in ability for trainee to advance within the company

Will result in continued employment and no reduction in wages

Will create new jobs within the company.

Will provide industry credentials, credits or degree?

Will address identified skills gaps?

Will increase company efficiency?

SECTION VI: TRAINING DETAILS AND PLAN

Briefly explain how the proposal Incumbent Worker Training (IWT) will address the identified skills gaps, improve employee retention, impact company stability and increase the competitiveness of the employer and employees by either 1) upgrading their skills and knowledge to retain their current job or 2) gaining new skills and knowledge so they qualify for a different job with their employer and 3) gain new skills to avert potential layoff. Response must identify the skills gaps requiring training and if layoff aversion reasoning must be explained. If there are multiple training programs included in this application, please indicate this and describe each one.

Enter Text Here:

Training Title

Training Course Description: Include description of proposed training project. Be specific. Include job titles or occupations of trainees, departments, type of training if different by title and department, identified skills gaps and how training addresses skills improvement; or how training will impact company advancement opportunities or how training increases competitiveness; or other training needs to be addressed. Provide or attach detailed information on the training curriculum. Also list the competencies employees will attain.

Enter Text Here:

Amount of IWT funds requested

Amount of Employer Match

Anticipated Training Start Date

Anticipated Training End Date

Total training duration - # of hours/weeks

Total number of Trainees:

Total number of training hours per
employee

Training will result in industry
recognized certification

Type or Title of
Certification(s)

Type of Training Provider

Where will training be provided?

Add any other details you would like
to provide:

Section VII. Training Provider Information

Name of Training
Provider

Contact Name

Street/Mailing Address

City, State and Zip Code

Phone and E-mail Address

SECTION VIII: AUTHORIZATON 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 the 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 1072), 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 and Title of
Authorized Employer
Representative

Signature

Date