



# 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).

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## Section One. General Business Information.

1. Employer Name, Address and Contact Information.

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 within Northeast Ohio, specifically in the county or counties in which you are seeking to perform training?  years.
5. Has the business that is the origin of the jobs to be trained closed, relocated or merged with another company within the past 6 months, or are their plans for the same within the coming 6 months ?  Yes  No
6. How many full-time employees  / Part time employees  do you have employed within \_\_\_\_\_ County?  
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 (include those that average 30 or more hours a week) to part time (exclude 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 all 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 new full-time individuals do you plan to hire in the next six (6) months, if any?
8. What job titles/job descriptions will need to be filled in the next six (6) months, if any? (Attach job descriptions, if available.)

9. Do you use staffing agencies to fill vacancies?  Yes  No  
 If so, which ones?  
 Please describe how those employed by staffing agencies are used (short term temporary, unknown duration or long-term 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 agency?  
 Yes  No  
 If so, please identify the numbers of individuals, their positions, the wage you pay the third-party firm for their services, and the length of time on average they have been assigned to work at your facility.

11. What are your turnover patterns and causes?

12. What entry qualifications/skills, licenses, certifications do your workers need? (An attached job description may suffice.)
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13. What benefits are provided to full-time, permanent, employees?  
 At what point during employment 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 Debarment 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 False, 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 outstanding tax liability to the state of Ohio or any other State for the past six (6) months. Reviewer of application will check the same against the most recent list established by the Ohio Secretary of State.  
 True  False

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

If False, attach a copy of the unfair labor practice contempt of court findings to this application.

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 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).  
 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 new location.  
 True  False
9. The business currently does not have any employees on layoff.  
 True  False  
If False, list the number of employees per each listed position of employment currently on layoff, and whether the training will result in some or all of the individuals on layoff being recalled.

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10. The jobs for which the business is seeking to perform training are projected in good faith to be in existence for the next twelve (12) months or more.  
 True  False
11. Our business is willing to incur expenses associated with the training up front and to be reimbursed for agreed upon costs/expenses, and/or wages of trainees after demonstrating incurring and paying the expense.  
 True  False
12. Our business is willing to enter into a written agreement that addresses the terms and conditions of assistance.  
 True  False

### Section Three. Training Specific Information.

1. Is the type of training you intend on conducting going to be provided for new hires (trained at least in part prior to starting employment), recent hires (employed with you for less than 6 months) or incumbent workers (employed for 6 months or more prior to training starting, or a combination thereof)? Please identify and describe mix of trainees.

New hire training can be 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. OJT assistance provided by the Area is reimbursement of the employer for a percentage of the new hire trainee’s wages. New hire occupational skills training that involves a third-party trainer doing the training is also possible, when combined with a cohort of incumbent workers being trained, or when training is done prior to the start of employment.

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 educational institution, or if it is not an accredited educational institution, identify the third-party educator/trainer who will be conducting the training. Provide the name of the instructors, their qualifications. If the educators/trainer(s) are not known yet, please indicate the business’ plans for identifying the educators/trainers. Note that the educator/trainer cannot be employed by the employer applying for assistance.

3. Describe in general terms the type and nature of the training that will be provided. If there is a curriculum that identifies the schedule of training, please describe or attach a copy of the same.

4. Identify any and all college credit, diplomas, degrees or industry recognized certificates or credentials, if any, that will be conveyed upon the participants of the training.

5. 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) agreeing to the provision of the training to those whose employment is governed by the CBA. A sample letter can be provided upon request.

6. If trainees are known, list them here, along with their length of employment and currently hourly pay. If trainees are not all known, list the number of trainees anticipated along with estimated range of current pay.

### Section Four. Information for Third Party Training of Newly Hired or Incumbent Workers.

**Only complete this section if you have revealed in Section Three that you are seeking assistance with respect to Newly Hired (employed less than 6 months), or Incumbent Worker Training (employed for 6 months or more).**

1. What is the reason that you want to conduct this training? Please check all reasons that apply:

- It will avert the need to close all or part of the business, and lay off employees by:
  - maintaining or increasing the company's competitive status; or
  - incorporating new technology that improves the company's productivity, efficiency, or quality of produced goods or services.
  
- It will help our company improve and retain a skilled workforce by improving:
  - business financial viability;
  - overall business stability;
  - competitiveness;
  - productivity;
  - other described as;
  - our workforce in some or all of the following ways by: (please check all that apply).
    - increasing the trainee's actual earnings;
    - increasing the trainee's education credentials;
    - increasing the trainee's employment skills;
    - expanding the workforce, by allowing us to promote the trainees and hire new workers to backfill their vacated positions;
    - other described as:

2. If participation in the training will result in a pay raise and the trainees are known, list them here, along with their hourly pay they will receive before training, and then within ninety (90) days after completion of training. If trainees are unknown, what is the estimated increase in pay they will receive within ninety (90) days after completion of the training?

3. If participation in the training will result in increased employment skills, identify the new skills to be learned that the trainees do not currently possess.

4. If participation in the training will result in a promotion and cause new workers to be hired, please identify how many new employees you expect to hire as a result of the training.

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

6. Either list below or attach separate documentation that provides a detailed budget for the costs/expenses of the proposed training. See the Area policy for costs allowed, and those not allowed. An agreed upon budget will be reduced to writing setting forth what the employer's required contribution to the training will be, and what the Area's contribution will be in the form of reimbursement to the employer.

7. Are you as the Employer proposing to pay the trainees a wage (their normal, or an alternative wage) while they are actively engaged during training with the third party trainer? Note that the wage must be for instructional time spent in training during which time the trainee is not being asked to perform work of any kind. If so, identify by individual trainee the gross wages to be paid, the number of hours estimated of instructional training, and the total estimated gross wages to be paid per individual trainee and then totaled for all trainees.

[ ]

**Section Five. Information for In-House Trainers for On-the-Job Training.**

**Only complete this section if you have revealed in Section Three that you are seeking assistance with respect to pre-hire occupational skills training by a third party trainer prior to or at the outset of employment, on-the-job training by your employees by your company's employees.**

- 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 the trainees upon hire?  
[ ]

Is the pay of any individual trainee going to receive training based upon commissions, tips, piecework or incentives?  Yes  No

If Yes, for what positions, describing the compensation for each.

[ ]

Is there a base wage that commissions, tips, piece work or incentive pay is added to?  Yes  No

If Yes, for what positions and what is the base pay? [ ]

- 5. Either list below, or attach separate documentation, that provides a training plan. The training plan should describe 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 estimated total period of time for which all training will occur per trainee.

[ ]

- 7. What percentage of the trainee's wages do you as the employer propose paying during training if different from what the Area's policy allows [ ] ? Area's policy depends upon total number of employees employed by business.

**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:

**County Dept. of Jobs & Family Services: Administration**

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