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Employer's Application for Training Assistance.

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

Area 19 Workforce Development Board Counties (Portage, Ashtabula, or Geauga).

Section One. General Business Information.

This section must be completed by all employer applicants seeking training reimbursement assistance of any kind.

1. Employer Name, Address and Contact Information.

Business' Name: _____

FEIN: _____

Address: _____

Contact
Information

Name/Phone/Email: _____

2. Under what other names or related corporations, if any, does the employer do business? Please list names and locations below:
3. Please describe how the employer's business is legally structured and/or organized. For instance, is the employer a division of federal, state, or local government; a not-for-profit business; a religious organization; or a for profit business? Further, please describe how the employer is legally organized. Is the employer a sole proprietorship, a partnership, incorporated, a limited liability company, etc. Finally, within which states is the employer incorporated, and/or legally organized?
4. What is the employer's 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>
5. How long has the employer been in business within Northeast Ohio, specifically in the county or counties in which you are seeking to perform training? years.
6. Has the employer 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

7. How many full-time employees / Part time employees does the employer have employed within County? To determine the count, adhere to the following rules:
- Include all full time, temporary and permanent workers at the work site employed by your business including management and production workers. Separate the count into full time (include those that average 30 or more hours a week), and part time (those that average less than 30 hours a week).
 - Include any individuals who are subject to the day-to-day control of the host employer.
 - Do not include individuals employed by and subject to the day-to-day control of other employers or independent contractors.
 - Do not use "Full Time Equivalencies." Every worker counts as "1."
 - The "head count" is a snapshot. Use the best, good faith estimate given by the employer on the day when the application is completed.
8. In dollars, what is the approximate amount of the employer's annual payroll?
9. How many individuals and for job titles/job descriptions will the employer need to fill in the next six (6) months, if any? (Attach job descriptions, if available.)
10. Does the employer 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.):
11. Does the employer use 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 amount paid to the third-party firm for their services, and the length of time on average they have been assigned to work for the employer.
12. What are the employer's turnover patterns and causes?
13. What entry qualifications/skills, licenses, certifications does the employer's employees need? Feel free to attach job descriptions if they address this question instead.
14. At what point during employment are benefits made available, and what fringe benefits are provided?

Section Two. Required Assurances.

This section must be completed by all employer applicants seeking training reimbursement assistance of any kind. All of the affirmative assurances are required because of U.S. DOL and State of Ohio regulations. The applicant knowingly affirms the following information to be true under the threat of possible denied reimbursement assistance, and/or civil or criminal penalties.

1. The employer 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 will check the same against: Federal Exclusion and Debarment Site: <http://www.sam.gov>.

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

Reviewer will check the same against: Ohio Department of Taxation: <http://www.tax.ohio.gov>.
If False, attach a copy of the pertinent documents relating to the tax liability dispute to this application.

4. The employer 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 employer 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 employer has all necessary licenses and/or qualifications required to conduct business within the state of Ohio, and is the actual employer of record for all employees to be trained as defined by federal, state, and local, labor, employment, and employment taxation laws.
- True False

Reviewer will check employer against: Business Filing Search: <http://www.sos.state.oh.us>.

7. The employer is not a federal or state governmental entity, or a local governmental/public employer that is directly involved in workforce development. All other local government/public employers are eligible.
- True False

8. The employer has not relocated all or part of its operations from another area anywhere within the U.S. or its territories within the last 4 months or 120 days (whichever is longer), leaving any unemployed workers behind who were not given an opportunity to transfer to the new location.
- True False

9. The employer currently does not have any employees on layoff at the location where training is occurring or at another location within the United States where the same or similar work and/or products are produced.
- True False

If False, list the number of employees per each position of employment currently on layoff, including their location and whether the training will result in some or all of the individuals on layoff being recalled.

10. The jobs for which the employer 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. The employer is willing to incur expenses upfront associated with employee training and be reimbursed for a **percentage of our IWT expenditures**, and/or a **percentage of wages of OJT trainees** upon a demonstration by us that all expenditures have been incurred and paid.
 True False
12. The employer is willing to enter into a written agreement that addresses the terms and conditions of reimbursement assistance, and agrees that it will only be reimbursed for the training expenses of those that successfully complete all aspects of training, and remain employed through the end of training, and that pass any examination relating to securing credentials or a license if that is part of the training.
 True False

Section Three. Training Specific Information for IWT.

Section 3. A., B., and C. must be completed by all employer applicants seeking training reimbursement assistance of any kind other for On-the-Job Training ("OJT"). OJT involves reimbursement of a portion of the wages of a newly hired employee as they are trained by an employee of the employer. If you wish to pursue OJT, do not complete Section 3, complete Section 4 instead.

Section 3. D. must be completed by governmental/public employers only.

Section 3. E. must be completed by governmental/public employers and not-for-profit organizations only.

Section 3. F. must be completed by religious employers only.

Note that in submitting this application, an employer may seek multiple different types of training for, the same or for different groups of trainees. Multiple trainings or courses, may be pursued in one application for the same or different trainees, so long as the trainings will start and finish within one (1) year from the date of the application. When completing this section, please answer the questions separately for each different cohorts or classes of training for which reimbursement is being sought.

Section 3. A. Training Specific Information Required of All Employers.

Note that for IWT, the educator/trainer cannot be employed by the employer applying for assistance. An employer may only be reimbursed for the costs of instruction by third parties. If you want to be reimbursed for On-the-Job training done by an employer's other employees, you may seek reimbursement for a % of an trainee's wages while being trained on-the-job. Instead of Section 3, complete Section 4 for OJT assistance.

1. Identify the educational institution, or the third-party educator/trainer who will be conducting the training for which reimbursement assistance is sought.

2. Provide the name of the actual instructors and/trainers (if not done so above), and their known qualifications.

3. For each course to be taken by one or more trainees please include a copy of the curriculum and schedule.

4. Please answer the following questions regarding successful training completion:

A. Does the training require attendance to all training sessions?
 Yes No. If no, what percentage of attendance is required?

B. Is a grade provided? Yes No. If no, how is passage determined?

C. Is there an industry recognized credential, degree, diploma, college credit, permit, license, or admission to a body or board that could be achieved by passing a test after training?

Yes No. If yes, identify the credential, permit, license, etc.

5. As the employer of record for each trainee, I certify that I will require all trainees to successfully complete/pass the training or forego reimbursement for the same.

True

False

6. The employer certifies that if a trainee could obtain a federal, state, or local licensure, and/or a post-secondary degree, credit, and/or an industry recognized credential or certificate by undertaking an additional act in addition to the instruction, i.e. passing an examination of some kind, that I will require the examination to be taken until successfully passed, or forego reimbursement for the same.

True

False

7. The employer certifies that each of the trainings will involve new skills attainment for every trainee that is enrolled in the same, and that the training does not involve a re-certification, a re-training, a refresher course, or is part of a continuing education requirement to keep an existing licensure/certificate.

True

False

8. The employer certifies that it is not eligible to apply for or receive reimbursement for the proposed training by the Tech Cred program offered by the Ohio Office of Workforce Transformation, or by any other known federal, state, and local reimbursement program. The employer further certifies and agrees that if the reviewers determine that the employer might be eligible for reimbursement from another program, that the employer may be required to apply for and be denied reimbursement before considering its application.

True

False

9. The employer certifies that none of the training for which reimbursement assistance is being applied has already started for the trainees listed within this application, and that instruction won't begin until the employer has entered into a contract with the OhioMeansJobs Center.

True

False

10. The training will increase the competitiveness of the trainees and their employer in the following described ways, and/or it will avert _____ full-time employees from being laid-off as described below.

Section 3. B. Training Budget Information Required of All Employers.

1. Please complete and attach the provided Training Plan and Budget spreadsheet.

2. The employer certifies that \$0.00 of the expenditures listed in the Training Plan and Budget "Allowable Training Expenses" column are for a trainee's wages, travel, the purchase or lease of equipment, related to relocating work anywhere overseas or domestically, over-night accommodations, meals, etc.

True

False

3. The employer certifies that the training does not involve a seminar, retreat, or training of any kind where the costs include non-reimbursable expenditures items, including but not limited to travel, meals, alcohol, entertainment, overnight accommodations, etc., and that none of those costs will be invoiced for reimbursement.

True

False

4. The employer certifies that it will or will not pay each trainee their current wages for all classroom and instruction time and testing time (if known) during the entire course of training.

Will

Will Not

Section 3. C. Specific Information Required of All Employers for Each Trainee.

1. Please complete and attach the provided Trainee spreadsheet.
2. The employer certifies that the following is true or false for each of the proposed trainees. **All of the following are requirements of regulations and policies of the U.S. Department of Labor, and/or the State of Ohio.**
 - A. To the best of the employer's belief and knowledge, each trainee is a U.S. citizen, and/or is legally permitted to work within the United States.
 True False
 - B. Each trainee meets the definition of an employee as defined by the Fair Labor Standards Act, employed by the applying employer of record, as opposed to another employer or business including staffing, manpower, and/or temporary agencies.
 True False
 - C. Each trainee has either been or will be employed for 6 months or more measured from the start date with the employer to the start date of the training, or the majority of the trainees in each cohort or the total application for all trainings (50% plus 1 per training) have been employed for 6 months or more.
 True False
 - D. No trainee has an ownership interest in the business (excluding where the business is owned collectively by the employees pursuant to an Employee Stock Ownership Program (E.S.O.P.)).
 True False
 - E. No trainee is an immediate family member of an owner of the business; and/or no trainee is an immediate family member of someone who serves as their direct supervisor. Immediate family member is defined as spouse, child, son-in-law, daughter-in-law, parent, mother-in-law, father-in-law, sibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, stepparent, stepchild, grandparent, grandchild.
 True False
3. 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.
4. A bonus or pay raise associated with a trainee successfully completing their IWT training is encouraged but not always required. It is usually required where the per trainee cost is or exceeds \$4,000 per training. Even if not required, where funds are limited, employers offering a bonus/pay raise after training are more likely to have their applications approved. If you are proposing a bonus/pay raise after completion, please make sure you have identified the amount of amount of bonus or pay increase to be paid in the Trainee Spreadsheet.

As the employer of the trainees, the employer certifies that there will or will not pay the bonus or wage increase to the trainees identified on the attached Trainee Spreadsheet at the completion of training.

Will Will not.

Sections 3 D., E., and F of this application that follow only need to be completed by Government/Public Employers, Non-Profits, and/or Religious Organizations. Section 4 of the application only needs to be completed by those employers seeking On-the-Job training assistance. If you are not one of those organizations, then your application is complete. Please go to the certification page (p.9), complete and sign it, and submit the same.

Section 3. D. Training Specific Information Required for Public/Govt Employers only.

1. Please have each local elected official complete the attached relationship disclosure form.
2. That employer certifies that the local elected officials that oversee those governmental employees being trained, and each of the trainees who will receive the training have completed the provided relationship disclosure form, and those have been attached/included with this application.
 True False
3. The employer certifies that no trainee is a public elected official, nor is the immediate family member of an elected official for the governmental/public employer applying for reimbursement services. Immediate family member is defined as spouse, child, son-in-law, daughter-in-law, parent, mother-in-law, father-in-law, sibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, stepparent, stepchild, grandparent, grandchild.
 True False
4. The State of Ohio's IWT policy only permits public/govt. employers to receive IWT reimbursement assistance when there is a recent change (within the past 5 years) in the skills needed by employees for that position of employment. The change in skills needed could be because of a change in technology, a change in regulations, or by an evolution of the needs of the position over time. Describe what skills needs have changed, when and why that occurred, and how the training will address needed skills.

Section 3. E. Training Specific Information Required for All Public/ Government Employers and All Non-Profits, Including Religious Organizations.

1. The employer certifies that the positions of employment held by the trainees are in low labor supply, and that these positions of employment are difficult to fill with individuals who already have the training sought to be provided as part of this application.
 True False
2. To demonstrate low labor supply, the following describes the employer's experiences in trying to find individuals that already have this this training or experience when we hire for this or similar positions.
3. The provision of this training will positively impact essential community services in all of the following described ways. Failure to adequately explain the same will cause the application to be denied.

Section 3. F. Training Specific Information Required for Religious Organizations only.

1. The employer certifies that the applying religious organization is not requesting training reimbursement for any trainee/employee who performs any work on, or in, a building, facility, department, or business in which any religious worship or sectarian instruction occurs.
 True False
2. The employer certifies that the applying religious organization will only receive training reimbursement where the work done in a non-sectarian building is for the provision of services that relate to removing barriers of employment, and those services are open to everyone within the community regardless of their own personal religion or lack thereof. (For example raining of childcare trainees where services are within a non-religious building, and is open to all members of the community regardless of their religion).
 True False

**Section Four. Training Specific Information for On-the-Job Training
Reimbursement Assistance for Eligible New or Recent Hires.**

Only complete Section Four if you have completed Sections One and Two, and you are seeking wage reimbursement assistance of new employees to be hired for On-the-Job Training performed by your business' supervising 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 via submitted documentation or via on-site monitoring if needed? 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, piece work 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. List the estimated total period of time stated in total training hours per trainee, and the length of time over which those training hours will occur, including estimated starting date and ending date. Note that training hours must involve instruction, job shadowing, or some type of instruction. Production work in and of itself outside of a semi-instructional setting, does not constitute on-the-job training. Attach separate documentation, that provides a training plan for each different position of employment. The training plan must describe in detail what training will be provided during the course of the training (i.e., what types of skills, equipment operation, etc.), and how it will be provided (i.e., video, observation, hands-on with some supervision, etc).

6. Please complete and attach the provided Trainee spreadsheet.

CERTIFICATION

As an authorized representative of the employer to the best of my knowledge the information above is accurate and true. I understand that all information may be subject to independent verification. However, I understand that the awarding entity will reasonably rely upon the representations made herein. I agree that any material falsification shall be grounds for the immediate termination of any contract the employer may enter into regarding training reimbursement assistance. Furthermore, any reimbursement assistance secured as a result of the provision of materially misleading, and/or false representations may potentially subject the applicant to civil and/or criminal penalties in addition to the termination of assistance, refusal of payment, or demands/legal actions to recoup funds already paid. I further understand that providing this information does not guarantee eligibility to receive assistance.

Employer:

Employer 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:

