

OhioMeansJobs- Wood County IWT Pre-Award & Application

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|--|-------|---------------------------------------|--------|
| COMPANY NAME | | | |
| AUTHORIZED COMPANY REPRESENTATIVE | | | TITLE |
| PHONE | EMAIL | FAX | |
| STREET/MAILING ADDRESS | | | |
| CITY | STATE | ZIP | COUNTY |
| | | | |
| DATE OF INCEPTION OF BUSINESS | | YEARS IN BUSINESS AT PRESENT LOCATION | |
| TOTAL NUMBER OF CURRENT FULL-TIME EMPLOYEES (UNDER THE FEIN#) | | | |
| LEGAL STRUCTURE OF BUSINESS | | | |
| <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION (DESIGNATION _____) | | | |
| FEDERAL ID# | | UNEMPLOYMENT COMP ID# | |
| BRIEF COMPANY DESCRIPTION (PLEASE INCLUDE SERVICES AND/OR PRODUCTS) | | | |
| IS YOUR COMPANY CURRENT ON ALL: County Tax Obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No State Tax Obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No City or Local Tax Obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Tax Obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| ESTIMATED TOTAL AMOUNT SPENT ON TRAINING ANNUALLY: | | | |
| IS YOUR COMPANY RECEIVING/APPLYING FOR ANY OTHER PUBLIC TRAINING FUND? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN: | | | |
| HAS YOUR COMPANY HAD AN IWT AGREEMENT IN THE PAST OR WITH A DIFFERENT AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, BRIEFLY DESCRIBE OUTCOME/STATUS: | | | |
| IF YOUR COMPANY IS MINORITY OWNED, PLEASE CHECK ALL APPLICABLE: <input type="checkbox"/> Women-owned <input type="checkbox"/> African-American owned <input type="checkbox"/> Hispanic/American owned <input type="checkbox"/> Asian-American owned <input type="checkbox"/> Native-American owned <input type="checkbox"/> Other minority owned: _____ | | | |

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DOES YOUR COMPANY USE OHIOMEANSJOBS CENTER SERVICES? ☐ Yes ☐ No

IF YES, CHECK APPLICABLE: ☐ List job openings ☐ Job fairs ☐ Testing & assessments ☐ Mass hires
☐ Other: _____

IF NO, WHY NOT?

IF NO, DO YOU AGREE TO LIST ALL FUTURE OPENINGS WITH THE OHIOMEANSJOBS CENTER? ☐ Yes ☐ No

IF NO, WHY NOT?

DESCRIBE DESIRED TRAINING

START DATE

END DATE

TOTAL AMOUNT REQUESTED

NUMBER OF TRAINEES

TRAINING PROVIDER INFORMATION

Training Organization: ☐ Public ☐ Private ☐ Employee-trainer

Training Delivered: ☐ On-site ☐ Training institution ☐ Remote site (list): _____

NAME OF TRAINING PROVIDER

AUTHORIZED TRAINING PROVIDER REPRESENTATIVE NAME AND TITLE

PHONE

EMAIL

FAX

STREET/MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

TRAINING PROGRAM FOCUS

- ☐ **Layoff aversion (mandatory)** ☐ Upgrade employee skills ☐ Increase skills/ wages ☐ Retention
☐ Portable skills ☐ Other (specify): _____

ANTICIPATED OUTCOMES

- ☐ Layoff aversion/save jobs within the company (#_____) ☐ Enhance viability ☐ Lower turnover
☐ Create new jobs (#_____) ☐ Increase trainee wage (_____%) ☐ Training veterans
☐ Training minorities ☐ Training disabled workers ☐ Training for welfare-to-work
☐ Prevent relocation ☐ Increase profitability

BRIEFLY DESCRIBE HOW THE TRAINING WILL ACHIEVE THE ANTICIPATED OUTCOMES AND CONTRIBUTE TO THE PURPOSE OF INCUMBENT WORKER TRAINING, AS DESCRIBED IN THE INFORMATION SECTION OF THIS PACKET:

HOW DID YOU LEARN ABOUT THE INCUMBENT WORKER TRAINING PROGRAM?