

OhioMeansJobs- Wood County IWT Pre-Award & Application

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?