POCONO COUNTIES WIA

INCUMBENT WORKER TRAINING APPLICATION

|  |
| --- |
| APPLICANT DATA |
| **Company Name:**  |
| **Contact Person:** | **Contact Person’s Title:** |
| **Address:**  | **County (Worksite Location):** |
| **Phone:** | **Fax:** |
| **Email:** | **Company Website:** |

|  |
| --- |
| COMPANY DATA |
| **Size of Company:** **Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Type of Company Ownership:** |
| **Union Affiliation:**  |
|  |
| **Federal Employer Identification Number (FEIN):** **Meets ADA Requirements Yes or No** |
| **Product/Service Description:** |
|  |
|  |
|  |
|  |

|  |
| --- |
| **What type of training are you applying for? (Briefly describe)** DRAFT |
| **Number of Employees to be Trained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Training Begin Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Training End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Briefly describe your training needs and the impact of this training initiative - (wage increases, job creation, employee skill enhancement or advancement, process improvement, etc.)** |
| **Identify the training provider(s) or education institution(s) that will provide this training: (Note: A copy of the training contract or training syllabus must be included with this application)**Trainer Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Provider Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICIPANT NAME** | **PARTICIPANT SOCIAL SECURITY #** | **DATE PARTICIPANT HIRED** | **PARTICIPANT CURRENT HOURLY PAY** | **PROJECTED PAY AFTER TRAINING** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |