POCONO COUNTIES WIA

INCUMBENT WORKER TRAINING APPLICATION

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

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

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