

# 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:    ___ yes ___ no                      State Tax Obligations:    ___ yes ___ no City or Local Tax Obligations:    ___ yes ___ no                      Federal Tax Obligations:    ___ yes ___ no			
ESTIMATED TOTAL AMOUNT SPENT ON TRAINING ANNUALLY:			
IS YOUR COMPANY RECEIVING/APPLYING FOR ANY OTHER PUBLIC TRAINING FUND?    ___ yes ___ no IF YES, EXPLAIN:			
HAS YOUR COMPANY HAD AN IWT AGREEMENT IN THE PAST OR WITH A DIFFERENT AGENCY?    ___ yes ___ no IF YES, BRIEFLY DESCRIBE OUTCOME/STATUS:			
IF YOUR COMPANY IS MINORITY OWNED, PLEASE CHECK ALL APPLICABLE: ___ Women-owned                      ___ African-American owned                      ___ Hispanic/American owned ___ Asian-American owned                      ___ Native-American owned                      ___ 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
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TOTAL AMOUNT REQUESTED	NUMBER OF TRAINEES
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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
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STREET/MAILING ADDRESS

CITY	STATE	ZIP	COUNTY
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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?