

# 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
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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?