

### Incumbent Worker Training Application

#### Company Information

Business Name:

Physical Address:

City:  State:  Zip:

Mailing Address if different:

Company Contact:  Title:

Email:  Phone:

Federal I.D. Number:  Date business began in area:

Number of Employees (not including ownership):  full time  part time

#### Pre-Award Review

Has your company operated in Virginia for a minimum of one year prior to this application date, with at least one employee other than the owner if your company is a private business?  Yes  No

Is your company current on all Federal, State, County, City and Local Tax Obligations?  Yes, all current  No

Check the industry sector that represents your business

- |  |  |
|--|--|
| <input type="checkbox"/> Manufacturing                   | <input type="checkbox"/> Transportation and Warehousing            |
| <input type="checkbox"/> Healthcare                      | <input type="checkbox"/> Information Technology and Communications |
| <input type="checkbox"/> Financial and Business Services | <input type="checkbox"/> Other <input type="text"/>                |

Does your company have an equal opportunity/non-discrimination policy in place? Yes No

Have you relocated a facility and/or operations to this area within the last 120 days? Yes No

If yes, provide the date of relocation:

Did the relocation result in any employee losing his or her job at the original location?  Yes  No

Is the provision of Incumbent Worker Training (IWT) in partnership with SWVA WDB part of your overall layoff aversion strategy for identified employees?  Yes  No

Do you have the financial resources and intent to retain all employees trained under an IWT Agreement with SWVA WDB in full-time non-temporary employment upon their successful completion of training?

Yes  No

Is your company willing to provide the required participant information and provide project outcome and follow-up information to the SVWDB?

Yes  No

### Position Information

Employee Position(s) to be Trained:

Pre-Training Hourly Wage Rate:  Pre-Training Benefit Rate:

Post-Training Hourly Wage Rate:  Post-Training Benefit Rate:

Employees To Receive Training (if more space is needed, please attach a new page to this application):

Are employees to be trained full-time/ non-temporary:  Yes  No

Training to be provided:

Credential or Certificate to be earned:

Impact if the training is not received and successfully completed:

Are employees to be trained employed within the Southwest Virginia Workforce Development Board service region?  Yes  No

**Training Provider Information**  
(Attach additional sheets if necessary)

Training Provider will be:  Public Training Institution  Private Training Institution  
 Company Instructor/Other:

Training will be delivered:  On-site at the Business  At the Training Institution  
 At a Remote Location

Training Provider Name:

Contact Name:  Email:

Phone:

Training Provider Address:

City:

**Training Plans**

Please give an overview of training activities, indicate what employees will learn as a result of the training to be provided, and how this training will benefit the competitiveness of your business and the employees being trained. Attach additional sheets if needed.

**COMPLETE AND ATTACH IWT TRAINING DESCRIPTION AND BUDGET WORKSHEET**

Proposed training start date: (mm/dd/yyyy)

Anticipated training end date: (mm/dd/yyyy)   
(Maximum of 12 months from proposed start date)

**Employer Matching Funds Calculation:**

Employers are required to provide for the non-federal share of the cost of training for their incumbent worker employees. The non-Federal share shall not be less than 50 percent of the cost of training.

### Signature and Certification

By my signature, I verify the information in this application is accurate to the best of my knowledge and I have the authority to submit this application on behalf of the named employer.

Signature:  Date:

Printed Name:  Title:

Email:  Phone:

#### Incumbent Worker Eligibility Documentation:

Please provide the documentation listed below.

- IWT Employee Information and Eligibility Documentation
- IWT Training Description and Budget Worksheet
- EEO Rights Notification Form

#### SWVA WDB REVIEW

Date Application Received  Date of Review:

O\*NET code of occupation(s) trained

Based on the results of the review and proposed training, the above business qualifies for IWT funds from SWVA WDB, pending the development and execution of a formal IWT agreement.

Yes  No

Signature

Title

Date