



# Employer Training Application CT / IWT

Customized Training (CT)

Incumbent Worker Training (IWT)

## SECTION 1 – Employer Information

Employer Name _____	Website address _____
Address _____	Phone _____
City, State Zip _____	County _____
Contact Person & Title _____	E-mail _____
Employer's Federal FEIN _____	Unemployment Compensation # _____
Years in Business _____	Total Number of Full-time Employees _____
Type of Business: <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Public	
Legal Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Description of your business, product(s) and/or services: _____ _____	
Does this employer have any affiliation with CareerSource Suncoast (CSS) (e.g. Member of Board of Directors or Sub-committee; employee's family member is a CSS employee; etc.?) <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", please explain: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Is the employer a Federal Contractor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Does the employer have an established training budget?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Is the employer women/minority owned?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Is the employer located in an enterprise zone or redevelopment area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Have there been any layoffs or furloughs in the past 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Are there any projected layoffs or furloughs in the next 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Is the employer receiving/applying for other CSS training grant funds? If "Yes" what type? _____	
<input type="checkbox"/> OJT (On the Job Training) <input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Is the employer receiving/applying for other training grant funds? If "Yes" what type?	
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> IWT (State) <input type="checkbox"/> CareerEdge
<input type="checkbox"/> QRT (Quick-Response Training) (State)	<input type="checkbox"/> Other _____

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## SECTION 2 – Training Project Information

Description of the proposed training project(s). Please note that you have choices in deciding the training program that best fits this employer's needs as well as choices in the training organizations that will provide that service.

Name of Training Provider (If known)		
Training Provider Contact	Title	
Address	County	
City, State Zip	E-mail	
Phone	Fax	Website Address

Type of Training Provider:    Public Institution    Private Institution    Private Instructor/Consultant

Does the Training Provider have any affiliation with CSS (e.g. Member of Board of Directors or Sub-committee; employee's family member is a CSS employee; etc.?)

Yes    No   If "Yes", please explain:

Training Title	
Start Date	End Date
Number of Trainees	Number of Training Hours
\$ Total Cost of Training	\$ Cost of Training per Trainee

Does the employer have resources to support 50% of the total cost of this training?    Yes    No

CSS payment option:    Employer pays provider in full, with 50% reimbursement from CSS

Split billing 50/50 with CSS (employer must pay first)

Please provide a narrative description of the training to be provided:

Please explain why the training is needed:

Trainee Job Title	Number of Trainees	Average Wage
		\$
		\$
		\$

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### SECTION 3 – Anticipated Outcomes of the Training Project

Training projects have many different outcomes that impact an employer and its employees. Please complete the chart below by describing how this training will impact the employer's success. Be as descriptive as possible.

Statement	Yes	No	Describe: What/How/Who/Cost
<b>1- Reasonable costs</b> Cost of training reflects reasonable expense for the type and duration of training	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2- The existence of other training and advancement opportunities provided by the employer</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3- Wage and benefit levels of the trained employees</b> Wage and benefit at present and anticipated upon completion of the training	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4a (IWT)- Credentials and skills gained as a result of the training</b>			
<b>4b (CT)- Relation of the training to the competitiveness of a participant</b> Does this training significantly increase the current skill level of the trainees? How? Describe.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5a (IWT)- Layoffs averted as a result of the training</b>			
<b>5b (CT)- Commitment that the employer(s) hire an individual upon successful completion of the training or retain employee</b> Existing workers might have been replaced with workers who have the skills?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6a (IWT)- Utilization as part of a larger sector and/or career pathway strategy</b>			
<b>6b (CT)- Employer has advancement opportunities</b> Will the training result in promotional opportunities for the trainees? Does this training increase the current skill level of the trainees? How? Describe.	<input type="checkbox"/>	<input type="checkbox"/>	

### SECTION 4 – Certification by Authorized Employer's Representative

**NOTE:** The individual signing the application below must have authority to enter into contracts on behalf of the applying employer.

As an authorized representative of the employer listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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