



**2009 - 2010
ON-THE-JOB TRAINING
APPLICATION**

(Legal business name of Company)

work²future
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On-The-Job Training Program Application – 2009/2010

SECTION 1. Company Information

Company Name:			
Street/Mailing Address:			
City:		ZIP:	County:
Company Contact Person:			Title:
Phone:		Ext.:	Fax:
Email Address:		Website Address:	
Company CEO:			
Street/Mailing Address:			
City:		ZIP:	County:
Company Start Date:	Years in business at this location:	Total # Full-time Employees at this location:	
Legal structure of business:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Non-profit	Other:	State of Incorporation:
Company's Federal ID #:		California Sales Tax Reg. #:	
City of San Jose Business License #:			
Is this company current on all State of California tax obligations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please estimate the total amount your company will spend on training in 2009/2010			
Is this company currently providing On-the-Job Training? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> If Yes, funded by public funds? If so, which funding source:			
Is this company receiving/applying for other public training funds?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes explain:			
Is this company currently receiving federal funding from other sources that require the company to comply with the Federal Single Audit Act? (Please refer to OJT guidelines concerning this issue.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please state the source(s) and \$ amount(s):			
Description of your business, product(s), and/or service(s):			
Amount of funding request:		Number of full-time employees to be trained:	
Projected Start Date:		Projected End Date:	
Is this company minority or women owned? If so, please check the appropriate box.			
<input type="checkbox"/> Native/American owned		<input type="checkbox"/> African/American owned	
<input type="checkbox"/> Asian/American owned		<input type="checkbox"/> Women-owned	
<input type="checkbox"/> Hispanic/American owned		<input type="checkbox"/> Other minority owned (specify):	

Is this company located in:	
<input type="checkbox"/> Redevelopment Area	<input type="checkbox"/> Enterprise Zone (provide EZ Number)
<input type="checkbox"/> Business Incubator Area (Bioscience, i.e.)	<input type="checkbox"/> Agricultural area
	<input type="checkbox"/> Strong Neighborhood Initiative Area

SECTION 2. Training Provider Information

(To be completed ONLY if training will be provided by a training institution, an instructor from outside your company, a community college, or a university.)

The training provider(s) will be:	<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	<input type="checkbox"/> Private instructor
Training location:	<input type="checkbox"/> On-Site	<input type="checkbox"/> Training institution	<input type="checkbox"/> Other off-site location
Name (s) of Training Provider(s):			
Name of Training Provider contact:		Phone:	
Address:			
City:	State:	ZIP:	
Telephone Number:		FAX Number:	
Email Address:			
Training Provider's Website Address:			
Federal ID Number:			
If the Training Provider is an entity other than the business or a local community or public university, indicate the rationale for choosing the Training Provider.			

SECTION 3. *Training Project Information*

Outline of the proposed training project – For each On-the-Job Training Program provide the number of trainees (both the total for the duration of program and the number to be trained at any one time), occupation(s), tasks that trainees should become proficient in for the occupation(s), and the skills required to perform the tasks. For each skill listed, provide the training method that will be used, the training hours that the skill will require, and the method that will be used to measure proficiency in the skill. (For assistance finding O*NET code visit [http://online.onetcenter.org/find/.](http://online.onetcenter.org/find/))

Outline of On-the-Job Training Program (Complete one for each Training Program*

OJT Occupation		O*NET code		Wage per hour after training
				\$ _____ per hour
Skills to be learned in training	Occupational Task Skill relates to	Training Hours	Training Method(s)	Competency
<i>EXAMPLE:</i>				
<i>Balancing day's receipts to cash collected</i>	<i>Auditing</i>	<i>6</i>	<i>Read Procedures Manual; Practice with supervisor</i>	<i>Balance day's receipts with 100% accuracy within 30 min.</i>

*You may attach separate documentation such as a spreadsheet rather than use this form.

Certificate Received Upon Successful Completion:

Please check one:

- Training program results in a nationally recognized certificate of competency. (Include a copy with the mailed application.)
- Training program results in an industry recognized certificate of competency issued by the Employer Organization or the Training Provider. (Include a copy with the mailed application.)

SECTION 4. On-The-Job Training Program Budget

<u>Trainee Base Wage</u>	<u>work2future</u> <u>50% Reimbursement</u>	<u>Employer</u> <u>50% Contribution</u>	<u>Total</u>
\$ /per hour	\$	\$	\$

**Employer reimbursements will not be based on overtime, shift differential, premium pay and other non-regular wages, nor will the payments be based on such periods of time as illness, holidays, plant downtime, or other events in which no training occurs.*

SECTION 5. Anticipated Outcomes of the Training Project

Please check all applicable

- Trainees will receive a raise in wages to \$_____ per hour after training.
- Trainees will have increased responsibilities after training.
- Trainees will be eligible for higher-paying positions within the company after training.
- Trainees will receive increased medical or other benefits.

Please check the boxes that apply to the anticipated outcomes of the proposed training project. **Attach a brief statement to this application for each checked box explaining how and/or why this training would result in the specific outcome.**

<input type="checkbox"/> Will save _____ jobs within the company	<input type="checkbox"/> Will create _____ openings in entry-level positions
<input type="checkbox"/> Will improve the long-term wage levels of trainees	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create _____ new jobs within the company	<input type="checkbox"/> Would help prevent company from having to relocate operations
<input type="checkbox"/> Will lower employee turnover in the company	<input type="checkbox"/> Critical to the long-term viability of the company
<input type="checkbox"/> Critical to the short-term viability of the company	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in lay-off aversion
<input type="checkbox"/> Will assist in the training of the disabled	<input type="checkbox"/> Important to the stated mission of the company
<input type="checkbox"/> Will increase the profitability of the company	<input type="checkbox"/> Will assist in the prevention of international outsourcing
<input type="checkbox"/> Will be an important component to enhance the company's overall employee development efforts	

SECTION 6. Authorized Union Representative (to be completed if OJT position is covered by a collective bargaining agreement with a labor organization)

By signing below, I hereby concur that the OJT described in this application will not impair existing agreements for services or collective agreements.

Signature:	Title:
Print Name:	Date:

SECTION 7. Certification by Authorized Company Representative

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

As an authorized representative of the company 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.

<i>Signature:</i>	<i>Title:</i>
<i>Print Name:</i>	<i>Date:</i>

APPLICATION PREPARED BY: (if different than authorized company representative above)

<i>Name:</i>	<i>Title:</i>	<i>Company:</i>
<i>Address:</i>	<i>Phone:</i>	

(PLEASE ALLOW AT LEAST 15 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED.)

Mail one copy with original signatures to:

On-the-Job Training Program
Attn: Ric Giardina
work2future
1290 Parkmoor Ave.
San Jose, CA 95126