

BUSINESS APPLICATION FOR WORKFORCE TRAINING FUNDS

Maine-at-Work



Section I - COMPANY APPLICATION DATA:

1. Company Name:	2. DBA
3. Mailing Address:	4. Physical Address (site at which new trainees will work):
5. Contact Name:	6. Contact Email Address:
7. Contact Title:	8. Contact Phone Number:
9. Type of Business (please check all that apply): Public <input type="checkbox"/> Private <input type="checkbox"/> Not for profit <input type="checkbox"/> For profit <input type="checkbox"/>	
10. Federal Employer Identification Number (EIN):	
11. Business Product or Service at Site:	
12. Are you currently working with any other State, Federal or private agencies to support this project? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, please describe the assistance being received:	
13. Maine Owned Company?	14. Date Company Established:
15. Total Number of Full-time Employees: a) Today? b) One Year Ago? c) Within the Next 2 Years?	

Section II - EMPLOYMENT QUALITY

16. What level of benefits does your company provide current FT employees? Please fill in the following table:

BENEFIT	Yes	No	% Paid by Employer	BENEFIT	Yes	No	% Paid by Employer	BENEFIT	Yes	No	% Paid by Employer
Health Insurance				Retirement				Personal Leave			
Dental Insurance				Paid Vacation				Tuition Reimbursement			
Life Insurance				Paid Sick Leave				Other:			

17. Average Annual Attrition a) % New Hire Turnover b) % Retirement Attrition c) % Other Attrition
18. Will this project result in the layoff, reduction in hours, wages, or benefits to existing employee(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Will this project conflict with any existing contracts or collective bargaining agreements? Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Are any employees currently laid off from positions similar to those for which training assistance is being requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Once the trainee(s) has/have earned the necessary degree/certification/license for the occupation(s) they are training for will your organization interview them for open position(s) for which they have trained? Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Do you agree to work with the local CareerCenter and/or the local workforce development service provider to identify potential new hires for the entry level position(s) created by advancing employee(s) N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Do you agree to post the entry level position(s) created by advancing employees on the no-cost Maine Job Link? Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Is your company in compliance with all Federal & State tax obligations including but not limited to corporate, sales, use withholding, personal income and unemployment insurance taxes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section III - TRAINING INFORMATION

25. Brief Description of Training Plan: (provide attachment if necessary)

26. Which of the following public benefits will result from this project? Please check all that apply:

- Layoff Aversion
- Worker Retention
- Skill's Enhancement of Workforce
- New Job Creation
- Increase in Tax Base
- Improved Productivity
- Trainees Earn a Credential
- Increase in Competitiveness
- Other (please explain):

27. What contributions will the business be making to the training project? (check all that apply)

- Trainee Wages While in Class
- In-house Trainer Costs
- Training materials, supplies, books, etc...
- Other (please explain)

Section IV - TRAINEE/EMPLOYEE INFORMATION - provide attachment if necessary

Number of new hires to be trained	Occupation to be trained for?	Current # of openings in occupation	Recruitment for training planned through the CareerCenter?	Apprenticeship Considered?	Projected Hourly Starting Wage in New Occupation
Name of Employee(s) to be Trained	Current Occupation	Current Hourly Wage	Occupation To Be Trained For	Current # of openings in occupation	Projected Hourly Starting Wage in New Occupation

Signature indicates company's willingness to participate in the project, follow project's eligibility guidelines and provide follow-up information on the trainees and/or project as requested.

Signature: _____
 Printed Name & Title: _____
 Email Address: _____
 Date: _____

Return Application To: Joan Dolan
 Director of Apprenticeship & Strategic Partnerships
 Maine Department of Labor
 55 State House Station
 Augusta, ME 04333
 Joan.M.Dolan@Maine.Gov