

Schedule 1(c)

**Area 17 West Piedmont Workforce Investment Board
Customized Training Program Employer Information Form**

Section 1: Employer Information

Name:

Address:

Contact person:

Phone:

Email address:

Description of business, products and/or services:

Indicate whether employer is either a (i) private for profit or (ii) private not-for-profit business [employer must be one or the other to qualify]:

Indicate the number of years employer has operated in Virginia [employer must have operated in Virginia during previous 12 month period to qualify]:

Indicate whether employer is current on all Virginia tax obligations, including county/ city, and local taxes [employer must be current on all Virginia tax obligations to qualify]:

Section 2: Trainee Information

Place of employment of trainees [place must be Virginia facility to qualify]:

Number of trainees:

Job title of trainees:

Department of trainees:

Describe the job responsibilities of trainees:

Indicate the range of wages and the average wage earned by the trainees:

Indicate whether trainees are 18 years of age or older [answer must be yes to qualify]:

Indicate whether trainees are currently employed full-time with employer.

Indicate whether trainees need skill upgrading or retraining to be retained and/or successful in current employment:

Indicate whether employer intends to employ all trainees upon completion of training program [answer must be yes to qualify]:

Section 3: Training Provider Information

Training provider entity:

Contact Person:

Address:

Phone:

Email address:

Name of instructor(s) or trainer(s):

Job title or position of instructor(s) or trainer(s):

Section 4: Training Program Information

Training start date:

Training end date:

Training location:

Method of travel of trainees (if training is offsite):

Number of hours of training:

Brief description of the training project:

Indicate whether employer normally or customarily provides such training [answer must be no to qualify]:

Indicate any certifications, certificates, licenses, or credentials to trainees resulting from the training project:

Describe any training materials and supplies, textbooks and manuals, and training software and equipment included in the training program:

Indicate the type of training [e.g., occupational skills training, skill upgrading and retraining, literacy activities related to basic work readiness, job or work readiness training, on-the-job training, customized training or other training]:

Describe the objectives and projected outcomes of the training project:

Describe trainee skills to be enhanced by training project:

Describe any new job responsibilities and benefits to be acquired by trainees upon completion of the training project:

Describe how the training project will increase employee productivity and potential company growth through adoption of modern technologies, job processes, and methods:

Indicate whether trainees will receive a wage increase or promotion upon completion of training project and describe the wage increase or promotion, if any:

Section 5: Training Program Budget

Category	Estimated Cost
1. Salaries of instructors or trainers	
2. Tuition and fees	
3. Training materials and training supplies	
4. Textbooks and manuals	

Category	Estimated Cost
5. Training certifications, certificates, licenses and credentials	
6. Training software and equipment	
7. Travel	
8. Total	

Amount sought to be reimbursed to employer [amount may not be more than 50% of the total estimated cost above]:

Section 6: Certification by Authorized Employer Representative

As an authorized representative of the Employer, I hereby certify represent and warrant that the information provided on this Customized Training Program Employer Information Form is complete and accurate, and I understand and agree that Employer shall have a continuing obligation to immediately notify the West Piedmont Workforce Investment Board if any information provided on this Customized Training Program Employer Information Form becomes materially inaccurate, incomplete or misleading.

Employer Name: _____

By: _____

Title: _____