



Application Proposal Incumbent Working Training WIOA

Section I. Business Information										
Company Name						Website				
Mailing Address						City				
	State		Zip			County				
Contact Person					Title					
Phone				Fax			Email			
NAICS Code				Number of Local Employees			Number of WI employees			
Has the business experienced a layoff in the last 120 days? ☐ Yes ☐ No										
FEIN #				UI Root #			O*Net			
Section II. Training Information										
Training Title					Training Dates					
Total Training Hrs			# of Employees to be Trained					Total Training Cost	\$	
Training Location	☐ On Site ☐ Remote Site ☐ At a training institute:									
Training Description										
Competencies the trainee(s) will attain at training										
How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?										
Section III: Trainee Information (Please complete for each participating employee)										
<i>The Department of Labor requires employee SSNs which are used to identify records in Management Information Systems for grant reporting purposes only.</i>										
Last Name					First Name					
DOB					SSN					
Primary Phone	☐ Mobile				Alternate Phone	☐ Mobile				
Email										
Gender	☐ M ☐ F ☐ Unknown									
Hispanic or Latino Ethnicity	☐ Yes ☐ No ☐ Undisclosed									
Race (check all that apply)	☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian Native or Other Pacific Islander ☐ Middle Eastern/North African ☐ White ☐ Prefer not to disclose									
Veteran Status	☐ N/A ☐ Yes, Active Duty from To									
US Citizen	☐ Yes ☐ No				Eligible to Work In US	☐ Yes ☐ No				
Currently In School	☐ Yes ☐ No		Highest Degree Earned		☐ HSED ☐ BS/BA ☐ MS/MA ☐ Other					
Current Occupation Title					Trainee Start Date at Business					
Current Wage	\$			Wage Upon Training Completion			\$			
Will the employee receive a wage increase within three quarters after training? ☐ Yes ☐ No										
Will the employee receive a promotion that results in a new job title new within 3 quarters after training? ☐ Yes ☐ No										
Will the employee receive a credential or certification after training? ☐ Yes ☐ No										
Will the employee demonstrate use of new skills or training? ☐ Yes ☐ No										

Section IV: Business Signature

In order to receive reimbursement for training the following are required:

1. Invoice(s) for training expenditures
2. Proof of wage increase, or proof of promotion resulting in a new job title (on company letterhead), copy of trainee credential or certification received;
3. If training is not credentialed, trainee name(s) who successfully completed training on training provider's letterhead (company letterhead if training is provided in-house).
4. Copy of trainee(s) credential(s) showing successful completion. If training last longer than 30 days, training will be subject to a mid-point check-in to verify that the training is progressing as planned.

By signing proposal, business representative agrees that information is true and agrees to provide post-training documents.

Signature

Date

EMI Office Use Only**Section V: Cost and Funding Source** (Attach IWT Request and Approval Form with Signatures)

Training Cost Per Participant

\$

Est. Reimbursement Amt.

\$

Funding Source ☐ WIOA ☐ Other:

Provide cost detail for IWT training: Instructor/Tuition, Books, Other Fees, etc.:

Section VI: Employment Follow-Up

Quarter 1

Quarter 2

Quarter 3

☐ Retained ☐ Advanced

☐ Retained ☐ Advanced

☐ Retained ☐ Advanced

Form Date: 07/29/26

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