



APPLICATION PROPOSAL INCUMBENT WORKER TRAINING

SECTION I. BUSINESS INFORMATION

Company Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Contact _____ Title _____

Phone _____ Fax _____ Email _____

NAICS Code _____

Number of local employees _____ Number of Wisconsin employees _____

Has the business experienced a layoff in the last 120 days? Yes No

FEIN #: _____ UI Root #: _____

SECTION II. TRAINING INFORMATION

Training Title _____ Training Dates: From _____ to _____

Total Training Hours _____

Training Cost \$ _____

Training Location: On Site Remote Site At a training institute: _____

(institution name)

SECTION II. TRAINING INFORMATION

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)

Department of Labor (DOL) grant(s) require employee Social Security number(s). It will be used to identify records in Management Information System (MIS) for grant reporting purposes only.

First Name	Last Name		
Address	Apt/Unit #		
City	County	State	Zip
Primary Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Mobile	Email
Phone	Fax		
Social Security #	DOB		
Gender <input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown/Undisclosed	Registered for Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Disability <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Undisclosed	
Race/Ethnicity <input type="checkbox"/> American/Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White <input type="checkbox"/> Unknown/Undisclosed			
Veteran Status <input type="checkbox"/> N/A	<input type="checkbox"/> Active Duty from _____ to _____		
<input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> Spouse of Veteran			
U.S. Citizen <input type="checkbox"/> Yes	<input type="checkbox"/> No	Eligible to work in the U.S.: <input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION IV: TRAINEE EDUCATION & OCCUPATION INFORMATION (Please complete for each participating employee)

Currently in School Yes No Highest Degree Earned _____

Current Occupation Title _____

Trainee Current Wage \$ _____ Trainee Wage Upon Training Completion \$ _____

Trainee Start Date at business (if applicable) _____

*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 three quarters after training? Yes No

*Will the employee receive a credential or certification after training? Yes No

SECTION V: EMI OFFICE USE – COST AND FUNDING SOURCE

Total Training Cost \$ _____ Estimated Reimbursement Amount \$ _____

Funding Source WIOA Other _____

(Attach IWT Request and Approval Form with Signatures)

S SECTION VI: EMI OFFICE USE -- EMPLOYMENT FOLLOW-UP

Quarter 1	Quarter 2	Quarter 3
<input type="checkbox"/> Retained	<input type="checkbox"/> Retained	<input type="checkbox"/> Retained
<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced

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SECTION VII: SIGNATURE

In order to receive reimbursement for training, invoices should be submitted upon the completion of training, the business must submit:

1. *invoice(s) for training expenditures.*
2. *any proof of wage increase, or proof of promotion resulting in a new job title (on company letterhead), or copy of trainee credential or certification received; if available at time of invoice, and 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.*
3. *if training is not credentialed, trainee(s) 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*

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

Company Signature

Date

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