



## INCUMBENT WORKER TRAINING APPLICATION PROPOSAL

### 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 \_\_\_\_\_ ☐ Cell ☐ Mobile Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Gender ☐ Female ☐ Male ☐ Unknown/Undisclosed Registered for Selective Service ☐ Yes ☐ No ☐ N/A

Disability ☐ Yes ☐ No ☐ Unknown/Undisclosed

Race/Ethnicity ☐ American/Indian/Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ Native Hawaiian/Pacific Islander

☐ White ☐ Unknown/Undisclosed

Veteran Status ☐ N/A ☐ Active Duty from \_\_\_\_\_ to \_\_\_\_\_

☐ Other Eligible Veteran ☐ Spouse of Veteran

U.S. Citizen ☐ Yes ☐ No Eligible to work in the U.S.: ☐ Yes ☐ 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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