



# INCUMBENT WORKER TRAINING APPLICATION

290 North D Street, Suite 600  
San Bernardino, CA 92415

Business Name			
Business Address			
How many employees work at the business?	Type of Business?		
Has there been a plant closure, downsizing event, or other event of dislocation for the Business in the last year? No Yes, Explain:			
Has Business held layoffs in the last 120 days? <i>If yes, please provide occupations and number of employees impacted.</i> No Yes, Explain:			
Describe the need for Training ( <i>For example, is your industry or Business affected by outsourcing or new technologies that require upskilling of your existing workers? Are you at risk of losing workers if they do not get training? Will this training help the Business grow in a way that otherwise would not be possible?</i> ):			
Describe how the training will resolve the need:			
Does the training prevent a layoff, downsizing, or plant closure? No Yes, Explain:			
Training Provider Name and training topics:			
Length of Training and start and end dates:			
Total cost of Training:			
Type of supportive services the participant will need: ( <i>textbooks, tools</i> )			
Certifications/License the employees will receive after training and associated fees:			
Will other grant/funding be used to pay for training costs? No Yes, Enter funding source:			
Will the workers who successfully complete this training be retained at your Business?		No	Yes
Will the training lead to promotion and wage increase for the participants?		No	Yes
What is the new occupation title and wage?			
Will existing positions need to be backfilled due these promotions?		No	Yes



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Complete the following on staff to be trained.

Full Name	Occupation/Classification	Current Hrly Wage	Hire date

*\*Please attach a 2<sup>nd</sup> page for additional staff to be trained.*

The Workforce Innovation & Opportunity Act requires that an employer participating in the incumbent worker training program contribute to the cost of training either through cash or in-kind. The required amount of employer contributions is based on the number of employees in the Business:

- 10% contribution with 50 employees or less,
- 25% contribution if between 51 and 100 employees, and
- 50% contribution if more than 100 employees.

With this requirement, what is the Business able and willing to contribute toward the cost of the proposed training? *(Participating employee wages count towards in-kind contribution)*

Is the Business willing to provide information regarding the participants and the Business (including outcomes, wages, job titles, etc.) during and at completion of the training, and within 12 months of the end of training?      No      Yes

Please be prepared to provide the following required documents: Current business license, W/C and Liability Insurance, Complete W9 Form and California employer ID.

Trainee Requirements: (A Business Services Team Member will be there to walk trainees through these steps.)

- Registration on [www.caljobs.ca.gov](http://www.caljobs.ca.gov)
- Provide valid Right to Work documentation
- Male trainees must be registered with the Federal Selective Service System
- Enroll in Workforce Innovation and Opportunity Act (WIOA) program before training

The signature below signifies commitment that the statements in this application are true and correct.

Business Authorized  
Signer Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Business Authorized  
Signature (Sign) \_\_\_\_\_

***If the training is approved, this application will serve as the agreement for the IWT.***

WDD Use Only

Approved      Denied      \_\_\_\_\_  
Business Services Manager Signature      Date

If over \$7,500: \_\_\_\_\_  
Director Signature      Date