

APPLICATION FOR METALS INCUMBENT WORKER TRAINING

DATE: ____

Applicant Data

Company:

Contact Person:

Contact Person's Title:

Address:

Phone:

Fax:

Email:

Company Website:

Company Data

Size of Company:

#Employees at Location:

#Employees Worldwide:

Type of Company Ownership:

Union Affiliation:

Location of other Division, Facilities or Headquarters:

Federal Employer Identification Number (FEIN):

Product/Service Description:

Industry Code (NAIC):
(North American Industry Classification Code)

Peak Production Period:

Training Data

What type of training are you applying for?
(describe briefly)

Briefly describe your training needs and explain how funding will assist in achieving company goals.

Identify the training provider(s) or education institution(s) that will provide this training.

Project Data

Projected Start Date:

Projected Complete Date:

Total # of employees to be trained:

Total # of training program hours per day (e.g. 4 hours a day):

Total # of training days (e.g. 2 days):

Total Project Cost: \$

Certificate obtained upon completion: Yes No
(check one)

Date obtained:

Credential obtained upon completion: Yes No
(check one)

Date obtained:

Proposal Submitted by:

Name:

Provider:

Please feel free to include any additional comments/information.

Please email to Joseph Sebelin at pocsd15@ptd.net or fax to 570-325-8547.

Training Participant(s) Name(s) and Social Security Number(s):
(required for each individual)

NAME	SOCIAL SECURITY #	DEMOGRAPHIC INFORMATION (Optional)
-------------	--------------------------	---

GENDER M/F	Race 1.) American Indian 2.) Asian 3.) Black or African American 4.) Native Hawaiian of Other Pacific Islander 5.) White 6.) Two or more	Ethnicity 1.) Hispanic or Latino 2.) Not Hispanic or Latino
----------------------	---	--

	Name	SS#	GENDER	RACE	ETHNICITY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					