



On-the-Job Training (OJT) Employer Application

SECTION 1. Company Information

Company Name:		
Physical Address:		
Mailing Address:		
City:	ZIP:	County:
Company Contact Person:		Title:
Phone:	Ext.:	Fax:
Email Address:	Website Address:	
Date of Inception:	Years in Business:	Total # Full-time Employees at this location:
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Corporation
Employer's Federal ID #:	Unemployment Comp ID #:	
Florida Sales Tax Reg. #:	Primary NAICS (SIC) Code:	
Is your company current on all State of Florida and federal tax obligations?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your company receiving/applying for other public training funds?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you (if sole proprietorship) or your company have any outstanding liens, judgments or other defaults with any agency in the State of Florida? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes explain:		
Are employees required to be union members? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, give name of union and local official:		
Description of your business, product(s) and/or service(s):		
Amount of Funds Requested:	Number of Individuals to receive OJT:	
Training Starts (no earlier than 07/01/20):	Training Ends (no later than 06/30/21):	
If company is minority owned. Please check appropriate box(es) below.		
<input type="checkbox"/> Native/American owned	<input type="checkbox"/> African/American owned	
<input type="checkbox"/> Asian/American owned	<input type="checkbox"/> Women-owned	
<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Other minority owned (specify):	
Our company is located in:		
<input type="checkbox"/> Distressed inner-city area	<input type="checkbox"/> Enterprise Zone (provide EZ Number)	
<input type="checkbox"/> HUB Zone	<input type="checkbox"/> Rural area	

SECTION 2. Training Information – Includes Detailed Information on Attached OJT Training Plan

Trainee Name(s):		Trainee(s) Last 4 SSN #:	Position Job Title:
Name(s) of Trainer(s):	Supervisor of Trainee:		ONET Code of Training:
Signature of Trainer(s):	Signature of Trainee Supervisor(s):		Credentials Offered:
Training location:	Starting Hourly Wage \$	Completion Hourly Wage \$	
Details of OJT Position:			

SECTION 3. Training Program Costs

Trainee Wage Information:

Basic Hourly Wage	Hours per Week	Total Training Weeks*	Total Wages	Reimbursement Rate not to exceed 50%	Total Wages Reimbursed

*Hours per week based on employer's definition of full-time .

Total Wages Reimbursed: _____

Additional Costs:

Type of Cost (Specify Item)	Number of Items	Cost per Item	Total Cost

Total Additional Costs: _____

Total Costs Requested: (TOTAL OF WAGES REIMBURSED PLUS TOTAL ADDITIONAL COSTS) _____

SECTION 4. Certification by Authorized Company Representative

OJT Reimbursement

Total reimbursement for wages shall not exceed fifty percent (50%) of trainee's wages (unless a waiver is available), and will exclude overtime. OJT reimbursement is for wages only (hourly rate) and does not include fringe benefits or other payroll costs. The employer shall be reimbursed on a monthly basis. Monthly invoices shall be submitted to CSH by the employer on, or before, the tenth (10th) calendar day of the month following the month for which reimbursement is requested. The invoice must include copies of documents that verify expenditures, such as time cards or payroll sheets, receipts or other validation of allowed expenditures. The employer must include a copy of the OJT Monthly Progress Report along with the monthly invoices.

Retention Period

A retention period holdback of ten percent (10%), of each invoice, will be retained by CSH for each payment made to the employer during the training period. The retention period holdback may be requested after an additional thirty (30) days has elapsed after training completion, once the trainee has retained employment for forty (40) hours each week, or the employer's definition of full-time, following the end of the training period. The retention period holdback request should be completed and signed by the employer to certify the status of the trainee.

Trainee Termination Prior to Training or Retention Period Completion

If the trainee leaves during the training period, the employer will only be reimbursed for fifty percent (50%) of trainee's wages (unless a waiver is available), minus the retention period holdback of ten percent (10%). On the training period invoice the employer should note the trainee terminated employment and is no longer with the company.

If during the retention period the trainee quits or is fired for cause, disqualifying them from receiving unemployment compensation, the ten percent (10%) retention holdback will be forfeited. A meeting with the employer should attempt to determine if the trainee went to another job with higher pay or better benefits as a result of the training received, or if there are circumstances that need to be addressed in future OJT referrals. If the trainee is laid-off during the retention period, the employer does not qualify to receive the retention payment.

Employer Agrees and Certifies:

1. to employ and train the indicated trainee, on premises described herein, for the periods and occupations and at the rate stated, and to provide supervisory personnel, necessary supplies, equipment, materials, clerical, and all other services required for satisfactory training completion;
2. to comply with all health, safety, and nondiscrimination standards established under federal, state, and local laws that otherwise apply to individuals engaged in similar activities who are not participants of OJT;

3. to assure equal opportunity in all services provided without regard to race, color, religion, sex, national origin, marital status, age, political affiliation, and disability; including compliance with non-discrimination and equal opportunity provisions of WIOA;
4. to assure that OJT funds will not be used to assist, promote or deter union organizing;
5. to retain the trainee(s) after successful completion of training, as a direct outcome of this Agreement;
6. that the OJT position(s) created are neither displacing, causing a reduction in hours, nor infringing on promotional opportunities of current employees; and/or have not been created as a result of any employee being terminated or laid off from the same or substantially equivalent job, or otherwise displaced;
7. the business has not been debarred or suspended in regard to federal funding;
8. the OJT trainee(s) cannot be employed to carry out the construction, operation or maintenance of any part of a facility that is used or to be used for sectarian instruction or as a place for religious worship;
9. training will not begin prior to the contracted training start date;
10. all costs contained in this proposal represent only those costs that are over and above his/her normal training, recruitment, and supportive service expenses;
11. no member of the OJT trainee's immediate family is engaged in an administrative capacity for the Employer or will directly supervise the OJT trainee. For the purpose of this Agreement, immediate family is defined as two or more persons related by blood, marriage, or decree of court;
12. he/she has a need for trained employees in the occupations proposed, that he/she will employ and train CSH's identified participants in those occupations;
13. this OJT either has the concurrence of the appropriate labor organization as to the design and conduct of an OJT, or there is no collective bargaining agreement with a labor organization that covers the OJT position;
14. WIOA funds will not be used to relocate operations in whole or in part;
15. this company has operated in Region 19 for at least one (1) year prior to application, or, if less than one (1) year and the business relocated from another area in the U.S. or its territories, and individual(s), employees were not laid off at the previous location as a result of the relocation; and
16. is willing to provide follow-up information relating to credentials received and individual trainee wages.

Once approved, the information presented in this Application becomes final when combined with the formal Agreement signed by both CareerSource Heartland President/CEO and the Employer.

NOTE: The individual signing the application below must have authority to enter into contracts on behalf of the applying company.

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature:	Title:
Print Name:	Date:

PLEASE ALLOW AT LEAST 15 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED.

Return original to:
 CareerSource Heartland
 Attention Business Operations Manager
 5901 US 27 South, Suite 1
 Sebring, FL 33870-2117

CSH Business Operations Checklist

	Yes	No
ONET code is on Demand Occupations List or meets On-the-Job Training requirements		
Wage rate meets regional requirements (DOLand/or regionally adjusted LLSIL)		
Training time is within Specific Vocational Prep range		
Business meets requirements of local procedure		
Liens or judgments?		

Comments:

Application Recommended		Application Not Recommended		Date	
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<p>Name/Signature: _____ Title: Business Representative</p>	<p>Company: CareerSource Heartland</p>
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