

ARIZONA@WORK-Yuma County
Incumbent Worker Training (IWT)/Employer Information Approval Form

Employer Name: _____ Bus Telephone #: _____

Worksite Address: _____ Business Address: _____

Authorized Rep: _____ Point of contact: _____

(If different from Authorized Rep)

Industry Sector: _____

Has the organization received public training grant funds in the past? Yes No

If yes, provide description of the past programs *(fund & dates)*; _____

And did the contract demonstrate long-term employment or increase in wages? Yes No

How many permanent employees do you have? _____

How long has this business/corporation been in Yuma or Arizona? _____

FEIN#: _____

Unemployment Compensation ID: _____

Business license attached? Yes No

(Only required if employer is within city limits or conducts business within city limits)

Certificate of Insurance attached? Yes No

(Commercial General Liability)

W-9 Form attached? Yes No

Workmen's Comp policy certificate attached? Yes No

Have you had any recent layoffs? Yes No

**If yes, what positions/departments? _____

Are current employees being displaced or their hours reduced because of this IWT Contract? Yes No

Does the business/corporation pay into unemployment fund? Yes No

Does the business/corporation have payroll journals and earning records? Yes No

(Note: It's recommended to use employers that pay into UI for performance measures)

Does your business/corporation have a Problem Resolution Procedure? Yes No

(If employer uses their own problem resolution procedure, place a copy in file.)

(If they do not have one, they can use ARIZONA@WORK form)

Does the business/corporation have EO posters displayed? Yes No

Has your business/corporation ever filed for Bankruptcy? Yes No

If yes, when? _____

Is your business/corporation presently in bankruptcy proceedings? Yes No

Is the business/corporation involved in a current labor dispute? Yes No

If yes, please explain: _____

Arizona Corporate Commission or Better Business Bureau print-out?

(If no print-out attached, please explain in comments section

to ensure business is not involved in legal issues or has pending suspensions)

Yes No

Research company website print-out?

(If no print-out attached, please explain in comments section to ensure employer has no apparent discrepancies with information)

Yes No

Is this work site accessible to individuals with disabilities?

Yes No

Is the organization place of training in accordance with appropriate safety, sanitary, and healthy working conditions?

Yes No

Training Provider Information:

Training Provider Name: _____

Address/phone number/email/website/address: _____

Certification program or course name: _____

Will the training lead to an industry recognized post-secondary credential?

Yes No

Number of people who will attend the training: _____

Training location: on-site educator's location remote location

Employer's Signature: _____

Date: _____

(Employer form must be completed annually or when employer information changes)

Service Provider Use Only:

**Indicate on comment section below if participant falls under any of the listed criteria listed below due to employer layoffs;

A participant in a program or activity under title I of WIOA **may not** be employed in or assigned to a job if:

- (1) Any other individual is on layoff from the same or any substantially equivalent job; or
- (2) The employer has terminated the employment of any regular, unsubsidized employee or otherwise caused an involuntary reduction in its workforce with the intention of filling the vacancy so created with the WIOA participant; or
- (3) The job is created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers as of the date of the participation.

Note: Per 20 CFR § 683.270(a) and (c)(1)(2)(3), a WIOA Title I-B participant **must not** participate in Incumbent Worker Training within a job position in which an employee was laid-off by the employer from the same job or any substantially equivalent job, including a partial displacement.

Comments: _____

Workforce Specialist Signature: _____ **Date:** _____

Manager Approval/Denied by: _____ **Date:** _____

(Department Manager): Approved: Denied:

Compliance Use Only:

Does employer fall within Industry Sectors selected by the LWDB in Yuma County? Yes No Input to database _____ Initials