

**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)*

Does the business/corporation have a Certificate of Insurance? Yes  No

*(Commercial General Liability)*

Does the business/corporation have a W-9 Form? Yes  No

Does the business/corporation have a Workmen's Comp policy certificate? 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

This is an equal opportunity employer/program  
Auxiliary aids & services are available upon request to individuals with disabilities