



**Application for
Incumbent Worker Training (IWT)**

Business/Employer Name: _____

Address: _____

Business Contact Name: _____ **Phone:** _____

Title: _____ **Email:** _____

Type of Business: Private For-Profit Private Non-Profit Other: _____

Industry or Sector your company is part of: _____

For SCW Staff **ONLY**. Is Industry or Sector: In-Demand Balanced Not In-Demand
For SCW Staff **ONLY**. Is the Business/Employer licensed in WA state? Yes No

The SCW’s Incumbent Worker Training program requires multiple forms of documentation to comply with our funding source which will require the release of personal identifying information, including social security numbers and dates of birth. All personal identifying information will be kept secure. If these items are not received the SCW will withhold reimbursement of the training.

Requested Training

Amount of IWT funds requested:\$ _____ Amount of Employer Match:\$ _____

Anticipated Training Start date: _____ Training End date: _____

Training will be provided: On-site In Person Online Other site: _____

Number of Employees to be trained: _____

Training Provider

Name of Training Provider: _____

Contact Name: _____

Street/Mailing Address: _____

Phone #: _____ Ext. #: _____ Email: _____

Reason Training Provider is being used (i.e. cost, industry-specific, used in the past, etc.): _____

Application Questions

1. Describe the proposed incumbent worker training and how it will improve the labor market competitiveness of **both** the employee and employer, such as improved workplace efficiency, customer service, safety, advancement/promotion, etc. Attach the course description/curriculum.

2. Will participating employees receive wage growth and/or promotions as a result of the training?
 Yes, please explain: No, please explain:

3. List the current position(s), wage(s) and O*Net code(s) for those to be trained <https://www.onetonline.org/>. If more space is needed, please attach the list to the Application.

For Applicant to Complete				For SCW Staff ONLY
	Current Position	Wage	O*Net Code	Occupation Demand
1.				
2.				
3.				
4.				
5.				

Employer Match (Share of Training Costs)

For incumbent worker training, participating companies are required to provide match (cash or in-kind) contribution as a share of the training costs. Examples of in-kind contributions include employee wages/benefits paid during training, transportation, lodging, meals, or training facilities costs. The employer share is based on the size of the workforce:

- Number of Employees:** 50 or fewer employees (10% employer cost match)
 51 to 100 employees (25% employer cost match)
 101 or more employees (50% employer cost match)
-

Training Considerations: (Please check all that apply)

<input type="checkbox"/>	Training will be provided to employees who face barriers to employment, i.e., limited English, transportation, lack of work history, etc. <i>Briefly explain:</i>
<input type="checkbox"/>	Training will avert layoffs. <i>Briefly explain:</i>
<input type="checkbox"/>	Training will result in credentials or certificates for the employees trained. <i>List credentials or certificates:</i>

Employer Certifications: (All apply)

<input type="checkbox"/>	If training an employee cohort that includes employees with fewer than 6 months of employment, the employer certifies that at least 51% of the cohort has been employed 6 months or longer.
<input type="checkbox"/>	Employer certifies they are committed to retaining or averting the layoffs of the incumbent worker(s) trained.
<input type="checkbox"/>	Employer certifies that requested training does not supplant training that is routinely offered by the employer.
<input type="checkbox"/>	Employer certifies they have not relocated from another US labor market within the past 120 days which caused any employee layoffs.
<input type="checkbox"/>	Employer certifies they are current in unemployment insurance, workers' compensation taxes, penalties, and/or interest or related payment plan.
<input type="checkbox"/>	Employer understands false information or misrepresentations will result in cancellation and non-payment.
<input type="checkbox"/>	The employer will not discriminate against any individual on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, an applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The nondiscrimination assurances at 29 CFR Part 38.25 apply to this contract
<input type="checkbox"/>	Employer understands participating employees will have to submit an Incumbent Worker Training Employee Application and Release of Information, and their company will have to complete the Incumbent Worker Training Match Report. All must be received once an Industry Training Services Contract is executed and before training begins .
<input type="checkbox"/>	Employer understands for each training completed they are required to submit to the South Central Workforce class rosters and all certifications, licenses, certificates of completion, etc. obtained by participating employees in order to receive reimbursement.

As the authorized representative of the employer submitting this application, I hereby certify the information contained in this application is true and accurate and reflects the intentions of the IWT program:

Printed Name: _____ Title: _____

Employer Signature: _____ Date: _____

Checklist:

- I have read the South Central Workforce's Incumbent Worker Training Policy
- Attached the Budget and Match Worksheet
- Attached course description/curriculum

All requests must be submitted via email to Patricia.Padilla@scworkforce.org.