

**INCUMBENT WORKER TRAINING (IWT)
EMPLOYER APPLICATION/PRE-AWARD REVIEW FORM
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**

EMPLOYER INFORMATION

Employer: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Year Established: _____ Total Company Employees: _____ **(Provide Verification Documentation if 100 or less employees)**

FEIN/IRS Identification Number: _____ City Business License: ___ Yes ___ No

Primary Business: _____

Industry/ Occupational Area: _____

IWT APPLICATION

Employee Position(s): _____

_____ Hourly Wage Rate(s): _____

Full-Time/ Non-Temporary: ___ Yes ___ No Benefits w/Medical: ___ Yes ___ No

Training: _____ Credential: ___ Yes ___ No

Type of Credential: _____

Training Provider: _____

Need for IWT funding: _____

Employer has operated in the Hampton Roads Region during the entire 12-month period prior to the IWT Application date: _____ Yes _____ No

Is the Employer currently listed on any federal, State and/or local Debarment List? _____ Yes _____ No If Yes, Explain:

Training will be for Employees within the Hampton Roads Region: _____ Yes _____ No

Is there a direct relationship of the training to the competitiveness of the Employee(s) and the Employer: _____ Yes _____ No

If Yes, explain how the Employee and Employer competitiveness will be increased/enhanced:

PRE-AWARD REVIEW

Is the Employer current on all Virginia tax obligations, including all applicable county, city and local taxes? _____ Yes _____ No

Has the Employer had any previous Hampton Roads Workforce Council OJT, Customized Training and/or IWT Contracts? _____ Yes _____ No ... If Yes, List the contract number(s) and related retention results:

Has the Employer recently relocated a facility and/or operations to this area? _____ Yes _____ No If Yes, Provide the date of relocation, when operations commenced at the new location and if there were any employee layoffs:

Does the Employer have the financial resources and intent to retain all employees trained under an IWT Contract with Hampton Roads Workforce Council in full-time, non-temporary employment, with benefits upon their successful completion of training? _____ Yes _____ No

Is the Employer currently engaged in any litigation related to any current/ former employee(s)? _____ Yes _____ No ... If Yes, Explain: _____

Is the training related to demand occupations and or targeted industries within the Hampton Roads Region? ____ Yes ____ No

AUTHORIZED EMPLOYER REPRESENTATIVE ATTESTATION

I attest that the above information is true and correct to the best of my knowledge and I am an Authorized Representative for the Employer:

Signature

Title

Date

HAMPTON ROADS WORKFORCE COUNCIL REVIEW

Based on the results of the IWT Application, Pre-Award Review and related internet search, the above Employer meets the requirements for IWT funds from Hampton Roads Workforce Council, pending the development and execution of a formal IWT Contract: ____ Yes ____ No If No, Provide the reason(s): _____

Signature

Title

Date