

HIGH DEMAND SKILLS DEVELOPMENT FOR ENTRY LEVEL WORKFORCE BUSINESS APPLICATION FORM

Eligibility Criteria

Eligible employers are those who are seeking to:

- Train net-new hires to enter skills on a high-skill, high-wage career continuum within an occupation expected to grow in Maine
- Provide formal skill training that will earn trainees an industry recognized credential
- Select, hire and train individuals from a pool of qualified CareerCenter candidates as full-time, regular employees at the start of training

Employer applicants who offer the following will be given priority for funding:

- Provide a 50% or higher in-kind or direct cost match for the training
- Provide wages at or above the median wage for that occupation in Maine
- Provide fringe benefits to employees
- Provide ongoing skill development to new employees through the Maine Apprenticeship Program



Company Application Data:

1. Company Name:		2. DBA	
3. Mailing Address:		4. Physical Address (site at which new trainees will work):	
5. EIN	6. Date Company Established	7. Type of Business (check one) <input type="checkbox"/> Private <input type="checkbox"/> Private Non-Profit	8. Maine Owned Company <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Contact Name	10. Title	11. Phone	12. EMail
13. Business Product or Service at Site:		14. Are Product or Services Sold Outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Total Number of Full Time Employees: a) Today? b) One Year Ago? c) Within the Next 2 Years?			

PROJECT INFORMATION

16. Please complete the following table to provide us with a brief overview of the proposed new hire training. Please attach any additional information to this application that will help explain the training program proposal.

A. Number of new hires for which training is requested.	F. Target start date of training program.
B. Starting wages offered to new hires in these positions.	G. Target end date of training program.
C. Occupational title(s) of new hire position(s).	H. Number of hours per week in formal classroom training.
D. Name & address of training provider.	I. Number of hours per week practicing on the job learning.
E. Benefits provided if/when applicable (health, dental, etc..)	J. Number of hours per week new hires will be paid a wage.

TRAINING COST INFORMATION

Expense Item	Total Cost	Employer Contribution	MDOL Funds Requested
Tuition			
In-House Trainer Costs			
Trainee wages while in class/ training			n/a
Training materials, supplies, books, etc...			n/a
On the job training (OJT) wage subsidies, internship costs			
Other <i>(please explain)</i>			
TOTAL of all COSTS			

EMPLOYMENT QUALITY

21. What level of benefits does your company provide current FT employees?

BENEFIT	Yes	No	% Employer Paid	% that use benefit	Offered to family?
Health Insurance					
Dental Insurance					
Life Insurance					
Retirement					n/a
Paid Vacation					n/a
Paid Sick Leave					n/a
Personal Leave					n/a
Tuition Reimbursement					n/a
Other:					
Other:					

22. Has your company remained in compliance with all state and federal laws over the past 5 years?

23. Average Annual Attrition a) % New Hire Turnover b) % Retirement Attrition c) % Other Attrition

24. Will this project result in the layoff, reduction in hours, wages, or benefits to existing employee(s)? Yes No

25. Will this project conflict with any existing contracts or collective bargaining agreements? Yes No

26. Are any employees currently laid off from positions similar to those for which training assistance is being requested? Yes No

Please attach any pertinent information to this form. Please sign and date below.

Sponsor Signature _____

Return Application To: Joan Dolan

Date: _____

Director of Apprenticeship & Strategic Partnerships
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