



*MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT  
Customized Training Application*

**Part I: Business Information**

1. Business Name:		2. Tax ID #	
3. Business Address:		4. Website Address:	
5. Years in Business: _____	6. Product/Service Provided:	7. Business Type: <input type="checkbox"/> Profit <input checked="" type="checkbox"/> Non-Profit	8. Number of Employees: _____

**Part II: Business Contact Information**

1. CEO Name:			
2. Telephone:	3. Fax:	4. Email:	
5. Project Contact Name and Title:			
6. Telephone:	7. Fax:	8. Email:	
9. Are you a minority/women owned business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a registered MBE/WBE with Baltimore City?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your ID# _____			
10. Has your business filed, or are you planning to file for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part III: Positions to be trained** *(attach a separate sheet if additional space is required)*

1. Please indicate the reason(s) why you need to train (check all that apply) <input type="checkbox"/> Business Start Up <input type="checkbox"/> Business Expansion <input type="checkbox"/> Business Relocation <input type="checkbox"/> Employee Recruitment Difficulties <input type="checkbox"/> Other (Please Explain)		
2. Number of people to be trained:	3. Position Title:	4. Number of employees currently in this position: _____
5. After successful completion of training, newly hired employees will receive wages in the amount of:  \$ _____ per <u>X</u> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year		
6. What is the approximate date that you wish to fill the available position(s): _____		
7. Are these positions represented by a union? If yes, provide the name and local.		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. <b>Describe any fringe benefits</b> associated with this position(s) i.e. Health Vacation, Paid Medical Leave, 401K, Tuition Reimbursement. <b>Attach benefits summary page</b> if available. Indicate when the benefits become effective.		
9. What types of training do you typically provide your employees:		

10. Describe the prerequisites for hiring into this position, including certification requirements, educational level, experience and specialized knowledge or abilities. Detailed job description must be attached.

**Part IV: Proposed Training Provider**

1. Proposed Training Modality (select from list below) <input type="checkbox"/> Commercially available training curricula <input type="checkbox"/> Customized training provided by employer, model may include OJT (on-the-job-training) <input type="checkbox"/> Customized training delivered by a public institution in cooperation with employer			<input type="checkbox"/> Private career school, college or university <input type="checkbox"/> Combination of the previously listed modalities <input type="checkbox"/> Need assistance to decide		
2. Proposed Training Provider Name:		3. Tax ID #			
4. Address:		5. Website Address:			
6. Training Provider Contact Name and Title:					
7. Telephone:		8. Fax:		9. Email:	

**Part V: Certifications**

1. Will this training replace or displace current or laid-off workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If the business is a new acquisition, was the previous workforce laid off or displaced as a result of the acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what efforts were made to rehire those employees? Indicate any barriers that prevented their rehire.	

**Certification:**

I confirm that all of the information provided on this application is accurate to the best of my knowledge. I understand that all applications are subject to approval. Should this application be approved, I am able to accommodate the timeline and contracting process associated with a training agreement. By signing below, I hereby authorize my company's participation in the Mayor's Office of Employment Development's Customized Training and further understand that my company will be asked for a commitment in the following areas as appropriate:

- Hire pre-selected candidates upon successful completion of training
- Participate in orientation events
- Contribute at least 50% of the total training cost (Detailed budget attached)

**Business Authorized Approval:**

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Workforce Development Representative:**

Name (print): Rosalind Howard Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_