



## STATE-FUNDED TRAINING PROGRAM

Funded by the California Employment Training Panel (ETP)

### CERTIFICATION STATEMENT (CS) Eligibility Application for Employers Retraining Workers

**PLEASE READ. Instructions:** Completing this document will only determine your company's eligibility to participate in the Employers Group state-funded training program. Please type or print the information below as requested. Should you have any questions or would like this documented completed for you, contact Bob King at (323) 953-1590. Once this certification statement is completed, fax it to (323) 953-1590 and mail the original to Bob King, Quest Consulting & Training Corp., 2658 Griffith Park Blvd., #131, Los Angeles, CA 90039.

CONTRACTOR: EMPLOYERS GROUP 5 (2009-11 Funding)		AGREEMENT # ET09-0369	
COMPANY CALIFORNIA EMPLOYER ACCOUNT NUMBER (CEAN) 8-digit number (XXX-XXXX-X):			
North American Industrial Classification System Code (NAICS) – if unknown, complete applicable appendix			
COMPANY NAME:			
STREET ADDRESS:			
CITY, State, ZIP:			
E-MAIL ADDRESS:			
NUMBER OF FULL-TIME COMPANY EMPLOYEES	WORLDWIDE:	IN CALIFORNIA:	
ESTIMATED NUMBER OF ETP TRAINEES:			
TURNOVER RATE OF FULL-TIME EMPLOYEES DURING MOST RECENT CALENDAR YEAR (JAN-DEC):		% for the address listed above <b>only</b> (if rate is over 20% contact EG)	
UNION SUPPORT:			
Are any company employees represented by a union?		NO	If yes, Union _____
Are employees to be trained represented by a union?		NO	Local _____
<b>JUSTIFY YOUR NEED FOR TRAINING</b>			
Briefly explain the nature of your business			
Describe your business' purpose for participating in this training program			
<b>SUPPLEMENTAL TRAINING</b>			
Does your company currently have a training program? IF YES, briefly:		YES or NO	
<ul style="list-style-type: none"> <li>- <b>Explain</b> how state-funded training will not displace your existing training resources</li> <li>- <b>Explain</b> the types of training your company has provided in the past and whether it was job-specific or organization wide</li> <li>- <b>Explain</b> current training efforts</li> <li>- <b>Explain</b> future commitment to training employees after this state-funded program is completed</li> </ul>			

<b>APPROXIMATE EMPLOYER CONTRIBUTION</b>	
<p>Trainees must be compensated during their time in training. Please estimate this by calculating the average wages of trainees multiplied by the number of trainees and the total number of training hours.</p>	<p><input checked="" type="checkbox"/> Pay trainee wages during training (average wage x # trainees x total training hours)      \$</p> <p><b>Other in-kind contributions, if any (describe and approximate an amount):</b></p>

<b>CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE</b>
<p><b>COMPENSATORY NATURE OF TRAINING.</b> Employer is aware of, and will abide by, the standards for compensating employees for time spent in “mandatory” training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manual at Section 46.6.5). The training proposed in this application will be <u>MANDATORY</u> and all trainees will be compensated for the time spent in training.</p> <p>By signing below, employer acknowledges that the state utilizes social security numbers to track trainee participation, verify employment and determine eligibility. Social security numbers are transmitted by participating employers to Employers Group and then by secure internet connection to the Employment Training Panel. Employer acknowledges this process and can supply appropriate releases if necessary.</p> <p>To the best of my knowledge, the foregoing, and all attached documents and accompanying information accurately and correctly reflect the reasons for our participation in ETP-funded training through Employers Group. Further, I acknowledge that at least 80% of the participating employees who receive state subsidies for their training must meet the definition of front-line employee.</p> <p>Print name of individual signing below: _____</p> <p>Title: _____ Phone _____ (owner, president, vice president or authorized rep.)</p> <p>Signature: _____ Date: _____</p>

FAX this document to 323.953.1590 (no cover sheet required)  
 MAIL the original **immediately** to:

Bob King  
 Quest Consulting & Training Corp.  
 2658 Griffith Park Blvd., #131  
 Los Angeles, CA 90039