

RESTORING FUTURES EMPLOYER INTAKE

Employer: _____

Contact Person: _____ Title: _____

Address: _____

Telephone: _____ Email: _____

Employer Fein # _____

Number of Employees: _____ 1-50 _____ 51-100 _____ 100+

Date: _____

A. Employer Product or Service: _____

B. Person Authorized to Sign Contract: _____

C. Person Authorized to Sign Evaluation: _____

D. The Employer Does Does Not Have A Current Or Previous Federal Government Contract.

E. The Employer Does Does Not Have A Collective Bargaining Agreement

F. The Employer Does Does Not Have any similar positions currently on lay off

G. The Employer Is Is Not Debarred or restricted from federal and territory contracts

H. Location of Training Facility (If Other Than Above Employer's Address): _____

ON THE JOB TRAINING

I. When can you start?: _____

J. Job Title(s): _____ Hours per week: _____

K. Hourly Wage: _____ Number of Training Positions: _____

L. Job Description(s) Available? ____ Yes ____ No If yes, please forward via email as noted below.

CUSTOMIZED TRAINING

M. Title: _____

N. Hours of Training: _____

O. Estimated cost: _____ Per Trainee _____ Cohort _____ Total

P. Curriculum Available? ____ Yes ____ No

Q. Is this an existing program on the WIOA Approved List? ____ Yes ____ No

R. Is or has this program been offered in other locations? ____ Yes ____ No (If yes, specify)

S. Does the Customized Training result in a credential? ____ Yes ____ No (If yes, specify)

Available online at: www.workforce180.com/usvi

Return via email to Adryann Glenn at glenn@workforce180.com or Michael Lawrence at Michael.Lawrence@icf.com