

\_\_\_\_\_ **COMMUNITY COLLEGE**  
**NEW JOBS TRAINING PROGRAM**  
**Application**

**PART I – Company Background Information**

Legal Name of Company \_\_\_\_\_

Federal ID Number for Training Site \_\_\_\_\_

Length of Time in Business \_\_\_\_\_ State and Year of Incorporation \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Contact Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Project Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Corporate Name/Address (if different from above) \_\_\_\_\_

Will the new jobs be located at more than one site?? Yes  No   
(If Yes, please list the addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II – Organizational Leadership Structure**

Attach List of Board of Directors/Key Officers of Company

**PART III – Financial Information**

Attach the last three year's financial statements (provide audited statements or statements prepared by a CPA, if available). If you have been in business less than three years, please attach your business plan.

**PART IV – Product or Service Information**

Please describe the product or service your company provides or attach a brief history of the company. Include milestones and accomplishments that have occurred since its inception. Include a brochure or marketing piece from your company if one is available.

---

**PART V – New Job Creation Projected**

The information in this section will be used to establish the financial projection for this program. You may breakdown the positions into line items (allowing for the most accurate projection) or give us one projection for all positions and an average hourly rate. (In order to qualify for the New Jobs Training Program, State law requires that wages paid for new jobs be equal to or exceed 175% of the state minimum wage.)

Number of new jobs	_____	@	Hourly Rate or Salary	_____
Number of new jobs	_____	@	Hourly Rate or Salary	_____
Number of new jobs	_____	@	Hourly Rate or Salary	_____
Number of new jobs	_____	@	Hourly Rate or Salary	_____

Start Hiring Date \_\_\_\_\_ End Hiring Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Official of Employer

\_\_\_\_\_  
Printed Name of Business Official / Title

\_\_\_\_\_  
Date

Please return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELIB:3068947.5\060514-00002