WORK-BASED LEARNING EMPLOYER APPLICATION

In order to be considered, please include the job description(s) for the applicable position(s) or, provide the Connecting Colorado Job Order number(s) below. Once complete, send to business.solutions@arapahoegov.com

Company Name: _____   FEIN: _____ - _____

Doing business as: _____   ☐ Non-Profit   ☐ Public   ☐ Private

Names of predecessors and successors of business: _____   ☐ N/A

Address: _____

City/State/Zip: _____

Primary contact name: _____   Phone #: ____ - ____ - ____

Email: _____

Owner/Officer: _____   Phone #: ____ - ____ - ____

Person in charge of training: _____   Phone #: ____ - ____ - ____

Alternate in charge of training: _____   Phone #: ____ - ____ - ____

Training location: _____

Billing address (if different than above): _____

Industry (*check all that apply*): ☐ Aerospace ☐ Aviation ☐ Bioscience ☐ Broadband ☐ IT ☐ Finance
☐ Engineering ☐ Construction ☐ Healthcare ☐ Hospitality ☐ Manufacturing ☐ Other: _____

If applicable, Connecting Colorado Job Order #(s): _____

How long has company been in business? _____

Length of time in business at above address: _____

Has company relocated the business within the last 120 days?   Yes ☐   No ☐

Reason for relocation: _____

Is funding sought in connection with past/impending job losses at other facilities?   Yes ☐   No ☐

Is company new or expanding: Yes ☐   No ☐

Is company legally permitted to operate in the State of Colorado?   Yes ☐   No ☐

Are company employees covered by Unemployment Insurance?   Yes ☐   No ☐

Are company employees insured by Workman's Compensation?   Yes ☐   No ☐

Workman's Compensation Provider: _____   Policy #: _____

Is company registered with the Colorado Secretary of State?   Yes ☐   No ☐

Number of employees (*organization wide*): _____

Signature of Company Representative   **Job Title**   **Date**

I certify that the above information is correct and am aware I may be asked to provide supporting documentation, if monitored.