

Workforce Solutions Trainer Application



Trainers requesting to be added to the **E&ES Workforce Solutions Trainer Resource List** must complete the Trainer Application or be an approved trainer for Workforce Solutions Grantees

Training Organization Information

Application Date: _____

Name of Training Provider: _____

Street Address: _____

City: _____ Zip Code: _____

State: _____ County: _____

Federal Employment Identification Number (FEIN): _____

Phone Number: _____

E-Mail Address: _____

Website Address: _____

Type of Organization

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Proprietary/Business School |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Community College | <input type="checkbox"/> Community Based Organization |
| <input type="checkbox"/> Minority-Owned Business | <input type="checkbox"/> Women-Owned Business | <input type="checkbox"/> Other _____ |

Organization Details

In what year did training operations begin? _____

Is the training provider accredited? Yes No

If yes, please list the accrediting agency: _____

Is the applicant bonded? Yes No

What type of insurance does the applicant have?

General liability Premises liability Other _____

Training Accessibility

Where do you offer training? *Check all that apply:*

- Mobile (at business location)
- Facility (accessible to people with disabilities)
- Online (virtual training)
- Other _____

Do you offer trainings in languages other in English? Yes No

If yes, which languages? _____

Trainings You Offer

What types of training do you offer? *Check all that apply:*

- Technical skills / trades
- Digital literacy / IT skills
- Safety and compliance (e.g., OSHA)
- Industry certifications (e.g., ServSafe, Forklift)
- English as a Second Language (ESL)
- Other _____

Which industries does your training serve? *Check all that apply:*

- Retail
- Healthcare and Life Sciences
- Digital literacy / IT skills
- Transportation
- Information Technology
- Food Service
- Tourism and Hospitality
- Manufacturing and Industrial
- Other

Application Questions

Please answer the following questions and limit your responses to the space provided.

1. Please describe the industry that you are equipped to provide training for. If you have more than one area of expertise, please describe each and include if you provide any type of certificate or license.

2. Has the applicant provided training for small and large companies? If so, were they accessible in different languages, and made available to diverse populations? Please expand.

3. Step by step, please provide examples of how the applicant has ever helped a company accomplish some or all of the following: develop/grow product lines, adapt to new technologies, realize efficiencies, expand into new markets and/or facilitate worker wage growth.

4. Has the applicant ever helped individual companies to overcome training challenges? If so, please provide an example.

5. Does the applicant have the capacity to provide the training in person at the company's place of business? (Please provide a description of training capacity.)

6. Please describe your experience related to customized training, including examples and descriptions of past customized trainings you have developed.

Attestation

By submitting this application, I acknowledge and agree to the following:

- I understand that the information provided in this application may be published in a public-facing resource guide intended to help businesses identify workforce training providers.
- I understand that inclusion in the resource guide is not guaranteed and is subject to review and verification of the information and credentials provided.
- I understand that being listed in the guide does not imply endorsement or guarantee selection for training contracts, nor does it constitute any financial obligation or responsibility on the part of the publicizing entity.
- I understand that the resource guide will be periodically reviewed and updated, and that my organization's inclusion may be modified or removed at any time at the discretion of the managing entity, based on updated information, relevance, or other criteria.
- I affirm that the information provided in this application is accurate to the best of my knowledge at the time of submission.

I agree to the above terms and confirm my understanding.

(Signature)

(Printed Name)

Submission Details

Please attach the following documentation when submitting this Application:

- Executive summary (two-page maximum summary of the applicants' organization and the training services provided)
- Resumes of staff members
- Name, Phone Number, Email, Address of three local businesses or organizations the training applicant has worked with in the past
- Client testimonials (if applicable)
- Listing of received accreditations
- Training Offerings Summary Table
- Flyer, Training Catalog, etc.

**Questions about the application protocol can be sent to:
wsptainerapplication@eesforjobs.com**

**Submit the completed application to:
wsptainerapplication@eesforjobs.com
Subject Line: Trainer Resource Guide Application**