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| ETP_HORIZ LOGO_NAME_CMYK |  | ***Certification Statement (CS)***  ***For Participating Employers Retraining Workers*** |

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| ***To be Completed by ETP Contractor*** | |
| **Contractor Name:** | El Camino Community College District |
| **Contract #:** | ET24-0270 |
| **Reference #:** |  |
| **Email CS Statement To:** | Veronica Luz and Eldon Davidson  [vluz@elcamino.edu](mailto:vluz@elcamino.edu) and CC: [edavidson@elcamino.edu](mailto:edavidson@elcamino.edu) |
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| ***To be Completed by Participating Employer*** | |
| Company’s California Account Number (CEAN): | Company’s California Account Number (CEAN):  Where to Find Your California Employer Account Number (CEAN)  Any business that employs workers in California is required to obtain a state employer ID number, also known as a state ID number or reserve account number. California employer identification numbers are eight-digit tax ID numbers XXX-XXXX-X, different from the federal tax identification number that a business obtains to pay federal taxes. The number is issued by the California Employment Development Department and printed on all reporting forms and notices relating to former employees.  Contact your Human Resources or Business/Finance Office and find out who reports your California Employment Development Department (EDD) Quarterly Unemployment Filing (UI.) The CEAN # can be found on your company’s DE6/ DE9/ DE9c quarterly reports. |
| Company NAICS Code: | Required |
| Company D-U-N-S Number: | Required |
| Company Name: | Please use your company name as it appears on your DE9 report. |
| DBA Name (If Applicable) |  |
| Street Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
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| Training Contact Person:  Work Title:  Email Address:  Best Contact Phone Number: | Please list the person’s e-mail who will be the main contact for sending & receiving employee confidential information required by ETP (i.e., Social Security numbers, wages, demographic data, etc.). |
| The number of Full-Time Employees: | Worldwide: Please provide  In California: Please provide |
| Number of Persons to be Trained | 99 (FOR EXAMPLE) |
| List the Occupations and/or Types of Jobs for Employees that will be Trained. Please Provide the Number to be Trained in (\_) by each Occupation. You May Add Other General Occupations Not Listed. Please Include the Salary Range for Each Occupation from Entry and Top Wage. | Leads: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_ per hr.  Clerks: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_ per hr.  Supervisors: # to train \_\_\_\_ $\_\_\_\_\_ to $\_\_\_\_\_ per hr.  Managers: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_ per hr.  Production/  Operations: # to train \_\_\_\_ $\_\_\_\_\_\_ to $\_\_\_\_\_\_ per hr.  Maintenance: # to train \_\_\_\_ $\_\_\_\_\_\_ to $\_\_\_\_ per hr.  Engineers: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_ per hr.  Technicians: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_ per hr.  Quality: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_ per hr. |
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| **COMPENSATORY NATURE OF TRAINING** | |
| As an Employer, I 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 in Section 46.6.5). | |
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| **PEO (IF APPLICABLE)** | |
| PEO Name: | “PEO” refers to a Professional Employer Organization. An employer will select this if they use a third-party service like ADP to process payroll, and the employees do not see paychecks coming from their employer but rather a third party. If so, the ETP state funding panel will consider this process when confirming payroll for qualification purposes. |
| *You will be asked to upload a copy of your PEO Agreement at the end of the certification process* | |

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| **EMPLOYEE TURNOVER INFORMATION** | |
| Turnover Rate of Full-Time Employees | %  Please list as indicated. The rate is based on the last calendar year. |
| ***For turnover rates over 20%: Turnover Waiver Request*** | |
| *Acceptable circumstances for a waiver are: (1) if an employer has experienced and provides evidence of a singular reduction in its workforce (an anomaly); or (2) industry data supports a higher rate. Multiple Employer Contracts do not include a Turnover Penalty clause. Multiple Employer Contracts include a Representation that Participating Employers will not exceed a 20% Turnover Rate, as made by the contractor when the MEC Contract is executed. See Section 2.4.* | |
| Turnover Request Reason | Singular Reduction in Workforce  Industry data supports a higher rate.  Other |
| **If Other:** Explain “Other” Turnover Request Reason |  |
| *You will be asked to upload supporting documents for your waiver request at the end of the certification process* | |
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| **UNION SUPPORT** | |
| Are Company employees represented by a union? | Yes  No |
| Are the employees to be trained represented by a union? | Yes  No |
| **If Yes:** Identify Union and Local: |  |
| *You will be asked to upload Union Support documents at the end of the certification process* | |
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| **JUSTIFY NEED FOR TRAINING** | |
| Briefly explain the nature of your business and describe your business’ purpose for participating in this training program. |  |

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| COMMITMENT TO TRAINING | |
| Does your company currently have a training program? | Yes  No |
| **If Yes, explain the following items (1-4) in the “Explanation” box**   1. Explain how ETP training funds will not displace your company’s existing resources for training. 2. Explain the types of training your company has provided in the past, whether the training was job-specific or organization-wide. 3. Explain your company’s current training efforts. 4. Explain your commitment to training company workers after the completion of ETP-funded training. | |
| **Explanation** | NOTE:  Most companies have some training program (i.e., safety, on-the-job, equipment, formal, informal, etc.). Please list the types of training your company provides and explain that the ETP funding you will receive for additional training “will not” replace your existing training. |
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| EMPLOYER CONTRIBUTION | |
| Describe your company’s contribution towards training-related expenses by marking the boxes that apply:  *Please note that this is an “indirect” match! These are items you already normally pay for, and they do not add to extra out-of-pocket expenses for your company. We show it here as a match.* | Pay trainee wages during training.  Take the number of persons to be trained X their average salary per hour X number of hours for the course or courses combined.  For example:  99 persons X $20 per hour average salary X 40 hours of training per person = $79,200    Contribute equipment, materials, supplies, or space for training.    Provide a value for the classroom space the participants will utilize at your site. In other words, you are donating the use of your space for this training.  For example, there will be 5 courses over a two-year period. Each course represents 40 hours taught in 10 classes, 4 hours per week ($200 per day X 10 classes X 5 courses = $10,000.)  Contribute staff time to conduct training assessments or coordinate training  Pay Employer Fee  Other  Total in-kind dollars contributed \_\_$89,200\_\_\_\_\_\_\_\_\_\_ |
| **If “Other”** **is selected:** Provide Other Contribution Explanation |  |

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| **CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE** I certify that 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 the ETP-funded training.  Print Name of individual signing below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Owner, President, Vice President, or other authorized representative)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |