



**STEM Ready
EMPLOYER APPLICATION**

SECTION 1. EMPLOYER INFORMATION		
Company Name:		Application Date:
Application Contact Name & Title:		
Application Contact Email:		
Company Website:		
Address:		
City:	State:	Zip Code:
Primary Phone Number:	Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other:	
Work site address if different than above:		
Briefly Describe Business:		
Date of Inception:	Years in Business:	Years in Business in this Location:
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ <input type="checkbox"/> For Profit Corporation	
Employer's Federal Tax ID #:		
Industry Type/NAICS ¹ Code:		
Number of Full-Time Employees:	Number of Part-Time Employees:	
How many new employees do you estimate hiring in the next two (2) years?		
Has this organization ever received CSCR job-training related funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of funds did you receive? <input type="checkbox"/> On-the-Job Training (OJT) <input type="checkbox"/> Employed Worker Training (EWT) <input type="checkbox"/> Other Grant-funded Training _____ If yes, approximately how much total funding have you ever received? _____ Did you hire or retain any trainees trained with these funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how many trainees were ever hired or retained? _____		

¹ The NAICS code for your company can be obtained via the following link:
<http://www.census.gov/eos/www/naics/>



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In order to obtain interns, please provide position information below. Interns require a training plan with specific training goals. Include any certificates or credentials that interns will receive while engaged with your company through STEM Ready.

SECTION 2. INTERNSHIP POSITIONS				
Internship Job Title & Primary Duties	Number of Positions	Name of Certificate or Credential, if any	Anticipated Start & End Dates*	Hourly Wage Range
Example: Laboratory Technician - sampling, testing, measuring, recording and analyzing test results	2	Clean Room Certification, OSHA, Blood Borne Pathogens Certification	June 1, 2015 to Aug 31, 2015	\$12- \$15
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
<p>* Not to exceed 12 weeks Please use additional sheets if you will host more than 11 separate positions in internship.</p>				
...				
<p>Are all of the positions above in a Science, Technology, Engineering, or Math occupation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				



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SECTION 3. Assurances (attach an explanation for any Yes answers in this section)	
Has the company relocated to this location within the last 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above question is Yes, did the company layoff any employees from its previous U.S. location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company currently being sold or currently merging with another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees of the company currently on layoff in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company filed any Worker Adjustment and Retraining Act (WARN) Notices within the past 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the proposed training positions subject to a collective bargaining agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outstanding or past wage and hour, health and safety, or discrimination complaints or adverse decisions against this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4. Capacity to Perform the Work (attach an explanation for a No answer in this section)	
Do you have sufficient equipment, materials, and supervisory time and expertise to provide the necessary internship learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5. AGREEMENT TO PROVIDE ONGOING REPORTING DOCUMENTS	
Employer agrees to provide the following documentation to CSCR:	
<ul style="list-style-type: none"> • Monthly Timesheets for all Interns • Monthly Training Progress Reports for each Intern • Copies of any achieved certifications and/or completion of training documentation, if applicable. • Placement information if hired during or subsequent to the completion of the internship. 	

The Employer has agreed to host internship eligible individuals in a science, technology, engineering and math occupation. At the time of application, eligible trainees cannot be currently employed with any employer.

The Employer agrees that the decision of CSCR as it pertains to this application is final and that in the event of any dispute arising out of the performance, duties, obligations, and decisions under this application, the Employer waives any invocation of CSCR's published grievance policy and procedures. The Employer waives any claim against CSCR, its contractors or designees related to this program.

The individual signing this application must have authority to enter into contracts on behalf of the company.

As an authorized representative of the company listed above, I certify that this application is true and accurate. I am aware that any false information or omissions may result in penalties and/or forfeiture of any training award approved through this program.

Authorized Representative Signature: _____

Date: _____

Job Title: _____



Audio/Video/Print Release Form

CareerSource Capital Region (CSCR) requests your permission to share your experiences while participating in or receiving a benefit from STEM Ready or related events. With your permission, there is a possibility that you may be photographed, videoed, have your voice recorded, or comments printed for the purpose of promoting STEM Ready, scheduled or unscheduled events with CSCR, and/or your company. Your signature below allows CSCR, its agents, contracted service providers and their respective staff, the broadcast media, or other persons authorized by CSCR to photograph, video record, audio record, or print your comments.

Your participation is voluntary. Please sign below if you agree to participate. If you decide to not sign this form, you will not be photographed, video recorded, audio recorded, or your comments printed during STEM Ready or a related event. Your eligibility or participation in STEM Ready will not be affected by your decision.

BY MY AUTHORIZED SIGNATURE below, I give my permission for CSCR, its agents, contracted service providers and their respective staff, broadcast or print media to photograph, video record, audio record, or print comments from me on behalf of my company and myself. I understand that I will not receive any form of compensation for the use of my picture, voice, or comments. Any photographs, video, and audio of me, or comments from me are and will remain the property of the CSCR.

I understand that I may revoke my permission at any time by notifying CSCR in writing of my decision to do so.

Authorized Representative Signature

Print name

Company

Title

Date



STEM Ready Program Employer Site Responsibilities

Organization Name: _____

_____ The employer must provide a safe and supportive working environment, and provide internship and/or training as defined in the individual plan for the participant.

_____ To ensure that STEM Ready can provide effective services to all customers, it is very important that you provide the program with timely reports and copies of participant timesheets with supervisor verification of the time worked.

_____ Any changes in address, phone number, training plan, or any changes that materially affect the internship program must be reported to the program manager as soon as practical.

_____ Interns will receive individualized services and be actively engaged in the development of an Individual Training Plan (ITP). The employer agrees to assist with the implementation of the ITP. This assistance may include some time away from the site to participate in training, or the provision of on-site training. Employer will assist in obtaining any credential or certificate earned.

_____ At the completion of each participant's internship CSCR must be provided all documentation necessary to ensure verification of outcomes resulting from your participation (e.g., timesheets, attendance records, any training records, etc.).

I, _____, have read and fully understand my responsibilities as an employer in the STEM Ready program. If for any reason, I am unable to comply with these requirements at any time, I will notify and discuss my concerns with my CSCR contact. Failure to do so will result in ineligibility for continued host site internships.

Authorized Representative Signature: _____

Title: _____ Date: _____

CSCR Staff Signature: _____ Date: _____