



**PROFESSIONAL DEVELOPMENT CENTER GLENDALE COMMUNITY COLLEGE
 EMPLOYEE APPLICATION FOR STATE-FUNDED TRAINING CLASS
 CLASSES CONDUCTED AT THE PDC TRAINING CENTER IN MONTROSE, CALIFORNIA
 QUALIFIED EMPLOYEES RECEIVE AN 80% STATE FUNDED DISCOUNT**

TRAINING CLASS _____ START DATE : _____

EMPLOYEE INFORMATION _____ SOURCE CODE : _____

First Name _____ Last Name _____
 Home Address _____ City _____ Zip Code _____
 E-Mail Address _____ SSN# _____
 Your Title/Position _____ Hire Date _____ Hourly Wage _____
 Your Work Phone Number _____ Ext _____ Cell Phone _____
 Name of Company _____
 Company Street Address _____
 City _____ State _____ Zip Code _____

We have special funding to support Veterans training. Are you a Veteran? _____

What benefits do you anticipate from this training? *Check appropriate box(es)*

<input type="checkbox"/> Improve my skills for my current position	<input type="checkbox"/> Keep up with current technology
<input type="checkbox"/> Improve my skills to explore greater opportunities in my company	<input type="checkbox"/> Other _____

SUPERVISOR VERIFICATION – To Be Completed By The Employee’s Immediate Supervisor

- We verify that the employee has not taken a class under any other ETP contractor in the past 3 months.
- We verify that the participant is a permanent, full-time employee who does not hold an “Independent Contractor,” “Leased,” “Temporary,” “Work Share,” “Corporate Officer,” or “Owner” employment status and must remain employed with his/her present employer throughout the training and for 90 days immediately following training in order to be eligible for ETP funding.
- We verify that the employee does not set company policy.
- We verify that the employee earns a minimum of \$16.48 an hour and works at least 35 hours per week. We understand that medical, dental, and vision benefits may be considered in order to meet the \$16.48 requirement.
- We understand employee must complete all the required training hours.
- We understand the employer is responsible for any applicable class costs including the materials fee.
- We understand the employee is not eligible for training until company paperwork (Certification Statement & Employer Agreement) is submitted and approved by the State.
- We verify the accuracy of all provided information. We also verify that we have read and agree to all training specifications listed above.

STUDENT SIGNATURE _____ SUPERVISOR SIGNATURE _____
 STUDENT NAME (PRINT) _____ SUPERVISOR NAME (PRINT) _____
 SUPERVISOR TELEPHONE _____ SUPERVISOR TITLE _____

TO VERIFY THE REQUIRED WAGE, PLEASE ATTACH EMPLOYEE PAY STUB

SUBMIT THIS FORM by FAX, EMAIL, or MAIL _____ QUESTIONS? Call 818-957-0024