



**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**

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 \$16.96 an hour and works at least 35 hours per week. We understand that medical, dental, and vision benefits (up to \$2.50/hour) may be considered in order to meet the \$16.96 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 via FAX, EMAIL, or MAIL

QUESTIONS? Call 818-957-0024

FAX: 818-541-0832

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