



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 _____ Alternate 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 \$17.54 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 \$17.54 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 and we agree to pay the applicable class cost and materials fee prior to the start of class.
- 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 EMAIL, FAX or MAIL

QUESTIONS? Call 818-957-0024

SCAN & EMAIL to: Pamela@pdcgcc.com

FAX: 818-541-0832

MAIL: Professional Development Center, 2340 Honolulu Avenue, Montrose, CA 91020

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