



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)
Improve my skills for my current position
Improve my skills to explore greater opportunities in my company
Keep up with current technology
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 \$19.05 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 \$19.05 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