

1. Have the requested employees to be trained using **WIOA Incumbent worker funds** been employed with your company at least 6 months?

| 0 | Yes |  |
|---|-----|--|
| 0 | No  |  |

2. Have you laid employees off in the last 12 months?

O Yes O No

3. Are you current on unemployment insurance, workers' compensation taxes, penalties, and/or interest. **(ATTACH PROOFS)** 

| 0 | Yes |  |
|---|-----|--|
| 0 | No  |  |

4. Will the requested IWT allow you to retain current employees in their current positions?

| 0 | Yes |
|---|-----|
| 0 | No  |

5. Will the requested IWT help to prevent lay-off's within the company?

- O Yes
- O No

6. Will the IWT training allow the employees to advance within your company?

O Yes O No

7. Will the IWT training lead to an increase in employees hourly wage within your company?

O Yes O No