



## Training Services- Employer Pre-Award Checklist

### Section 1: EMPLOYER INFORMATION

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP County

Federal Employer Identification Number (FEIN): \_\_\_\_\_ Years in existence: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Organization:     Individual             For Profit             Limited Liability Company  
     Partnership             Not For Profit             Government

Company NAICS Code: \_\_\_\_\_ # of current Employees: \_\_\_\_\_

Is the business being sold or merging with another company?     Yes     No

If yes, please explain: \_\_\_\_\_

**Job Description/Information must be attached.**

### Section 2: COMPANY REVIEW

YES NO N/A

Has a WARN notice previously been filed?			
If so, date and locations:			
Has the company retained previous WIOA job trainees with continued long-term employment?			
Does the company verify WIOA funds will not be used to relocate operation in whole or in part?			
Company has operated at current location for at least 120 days?			
If less than 120 days and the business relocated from another area in the U.S. and individual(s), were employees laid off at the previous location as a result of the relocation?			
Employer has 3 permanent employees for every one trainee?			
If no, waiver attached?			
Company commits to providing long-term employment for (OJT or Customized) trainee. (N/A for Transitional Job Trainee)			
Training funds will <b>not</b> be used to directly or indirectly assist, promote or deter union organizing.			
Trainee wages to be paid are at least equal to:			
a. The federal, state or local minimum wage (Fair Labor Standards Act)			
b. Other employees in the same occupation with similar experience.			
Trainees will be provided the same workers' compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-WIOA Trained employees.			
The employer will comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act and its regulations.			
Employer assures that they have not been debarred or suspended in regard to federal funding. (29 CFR Part 95 and 98).			
The Employer agrees to comply with all applicable local, state and/or federal laws and ordinances.			

**Section 3: PROOF OF INSURANCE COVERAGE**

The employer will provide current documentation as proof of coverage. ATTACH documentation.

Yes No

Worker's Compensation attached?		
Liability Insurance attached?		
Unemployment Insurance attached?		

**Section 3: AUTHORIZED SIGNATURES**

As an authorized representative of this company, I hereby certify that the above information is, to the best of my knowledge, true and correct.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**This section to be complete by WDB MOV Staff**

The outcome of this pre-award interview:

Employer meets all requirements of the pre-award.  Yes  No

WDB Representate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_ Title: \_\_\_\_\_