



**CERTIFICATION STATEMENT (CS)
(ETP100E)
for Participating Employers Retraining Workers**

<i>FOR OFFICE USE ONLY</i>	
CONTRACTOR NAME:	Chaffey College
AGREEMENT #:	
REFERENCE #:	

Company's California Account Number (CEAN)* - - (XXX-XXXX-X)

Company Name* _____

Street Address* _____ City, State, Zip* _____

Secondary location:

Street Address _____ City, State, Zip _____

Company website address _____

Company contact: Training Coordinator

Name* _____ Phone* _____ Email* _____

Company contact: Human Resources Representative

Name* _____ Phone* _____ Email* _____

Number of full-time company employees _____ Worldwide* _____ In California* _____

Estimated number of employees to receive training* _____

Turnover rate of full-time employees during most recent calendar year (January-December)* _____ %

Company employees represented by a union?* Yes No

If yes, identify union and local _____

Employees to be trained represented by a union?* Yes No

Briefly explain the nature of your business and describe your business' purpose for participating in this training program*

Limited to 255 characters

Does your company currently have a training program?*

 Yes No

**If yes,
Explain how ETP training funds will not displace your company's existing resources for training.**

Limited to 255 characters

Explain the types of training your company has provided in the past, whether the training was job specific or organization wide.

Explain your company's current training efforts.

Explain your commitment to training company workers after the completion of ETP-funded training.

Describe your company's contribution towards training related expenses by marking the boxes that apply*

- Pay trainee wages during training (*required by ETP*)
- Contribute equipment, materials, supplies, or space for training
- Contribute staff time to conduct training assessments or coordinate training
- Other: _____

Estimated amount contributed to the above noted training-related costs* \$ _____

CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE

I certify that to the best of my knowledge, the foregoing, and all attached documents and accompanying information accurately and correctly reflect the reasons for our participation in the ETP-funded training.

Name of individual signing below* _____

Title* _____

Phone* _____

(Owner, President, Vice President, or other authorized representative)

Signature* _____

Date* _____