

ETP100E Instructions
- For participating employers retraining workers-

- The CS (ETP100E) must be (1) signed by an authorized company representative and (2) sent to the ETP Contractor for submission to ETP.
- Employer eligibility will be approved or denied by ETP based upon your answers.
- Print or type all responses. Complete the applicable sections as instructed. If you require assistance, please contact Deborah Imonti, ETP Training Coordinator, El Camino College Business Training Center, 951-461-1140, dimonti@verizon.net.

- **Employer Information:** *(complete each entry as instructed)*

- Company's California Account Number (CEAN)
- Legal Company Name
- Street Address
- City
- State
- Zip Code
- E-mail address
- Total Number of Full-Time (FT) Company Employees (1) Worldwide - and- (2) in California

*All participating employers without a pre-approved NAICS code under ETP Regulation 4416 (see Attachment) must complete the CS Appendix. If your company meets the Out-of-State Competition requirements by having a pre-approved NAICS code that is covered by ETP Regulation 4416, you do not need to complete the Appendix.

- NAICS Industry Code

- **Turnover Rate of Full Time Employees Last Calendar Year:**

A secure job provides full-time, permanent, stable employment. To qualify for ETP funding, an employer's turnover rate may not exceed 20 percent annually. To justify a turnover rate above 20 percent (e.g., employer has experienced and provides evidence of a singular reduction in its workforce -an anomaly) and request an exemption, a participating employer may apply for a waiver. The justification for the waiver must be forwarded to the ETP Contractor. The Contractor will forward the information to the ETP Field Analyst for a determination, as necessary. For purposes of calculating turnover rates for ETP Agreements, the company determines and reports its turnover rate for only the company site(s) and the employees at the site(s) where training is being requested. *(For further information see CCR, Section 4417. Secure Job)*

- **Union Support:**

Indicate if company employees are represented by a union.

Indicate if employees being trained are represented by a union.

- and if employees to be trained are represented by a union-

Indicate name of union and number of the local.

If trainees are represented by a union, you must obtain a letter from the union, addressed to the Panel, indicating that they concur with the proposed ETP training project for their members working at (*provide name of company*). The letter must be submitted on union letterhead; signed and dated by a union officer or business representative; attached to this form; and, forwarded to the ETP Contractor. The collective bargaining agent must be notified prior to submission of this Certification Statement.

- **Justify Need for Training:**

Briefly explain the nature of your business and your company's circumstances necessitating training.

- **Commitment to Training:**

Indicate whether or not your company has a training program. If your company does have a training program, explain how ETP training funds will not displace your company's existing resources for training; explain the types of training your company has provided and the nature of that training (job specific training or training provided to entire organization); explain the company's current efforts to provide training; explain the company's commitment to training workers after the ETP-funded training.

- **Employer Contribution:**

Employer investment in training may be demonstrated through a quantifiable commitment to training. *Identify* your company's contribution towards training related expenses.

- **Compensatory Nature of Training:**

All ETP-funded training provided to employees must comply with applicable labor laws. Employer must be aware of, and abide by, the standards for compensating employees for time spent in "mandatory" training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manual at Section 46.6.5).

- **Certification by Company Management Representative** (*Complete each entry as instructed*)

- Name of individual signing
- Title of individual
- Phone
- Signature
- Date

**CERTIFICATION STATEMENT (CS)
For Participating Employer Retraining Workers
ETP100E**

Training Funded by the California Employment Training Panel (ETP)

To be completed by ETP Contractor:

<p>CONTRACTOR:</p> <p>AGREEMENT #</p> <p>REFERENCE #</p>	
COMPANY'S CALIFORNIA ACCOUNT NUMBER (CEAN):	
COMPANY NAME:	
STREET ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
E-MAIL ADDRESS:	
NUMBER OF FULL-TIME COMPANY EMPLOYEES	<p>WORLDWIDE:</p> <p>IN CALIFORNIA:</p>
NAICS INDUSTRY CODE	
TURNOVER RATE OF FULL-TIME EMPLOYEES DURING MOST RECENT CALENDAR YEAR (JANUARY-DECEMBER):	%
<p>UNION SUPPORT:</p> <p>Are company employees represented by a union?</p> <p>Are employees to be trained represented by a union?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Identify union and local:</p>
JUSTIFY NEED FOR TRAINING:	
<p><i>Briefly explain the nature of your business and describe your business' purpose for participating in this training program.</i></p>	

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.

Print Name of individual signing below: _____

Title: _____

Phone: _____

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

Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETING THE CS APPENDIX

All companies retraining workers and who do not have a NAICS code identified under 22CCR Section 4416(i) **MUST** complete this Appendix.

Select the item(s) that best match your company's California operations and, if possible, the function of trainees to participate in ETP-funded training. Complete the form as instructed. (NOTE: You may be asked for additional information or documentation to complete the determination of eligibility.)

Manufacturing or Related Industries: If your company is not classified within one of the NAICS eligible industries, but your California operations inclusive of the participating trainees are engaged in Manufacturing or a NAICS Industry deemed by the Panel to be facing out of state competition. Complete Section 1

Significant Business Presence/Corporate Headquarters: Complete Section 2

Mortgage Banking Functions: Complete Section 3

Destination Resort, Convention/Conference Center, or Convention/Conference Hotel: Complete Section 4

Services Provider / Service Industry: Complete Section 5

Call Center / Telemarketing: Complete Section 6

For Companies who do not meet the profiles identified in items 1 – 6: Complete Section 7

Section 1: Manufacturing or Related Industries:

If your company's California operations including the trainees to participate in ETP-funded training are engaged in Manufacturing or related industries deemed by the Panel to meet out-of-state competition (see CCR 4416. Out-of-State Competition) complete the following:

1. Describe your primary business activities:

2. Describe the primary raw materials or component parts used in your company's manufacturing process:

3. List your company's finished product(s):

4. Describe your customers (e.g. electrical wholesales, retail stores, other manufacturers, municipal entities, etc. Names are not required):

Section 2: Significant Business Presence / Corporate Headquarters

A company's California operations including a specific location or functional group (e.g. Human Resources, Information Technology, Administrative Support) may meet the out-of-state Competition requirement if the company is training personnel that provide internal corporate support to one or more offices, divisions, branches stores or franchises located outside of California. Please complete the following:

1. Identify the company location and functional group to be trained:

2. Do these employees provide internal support to company operations located outside of California? Yes No

3. Does the company derive at least 25 percent of gross annual revenues from its operations outside of California? Yes No
4. Does the company maintain at least 25 percent of the company's permanent offices, divisions, branches, stores or franchises outside of California? Yes No
5. Does the company maintain at least 25 percent of the company's permanent full-time employees at locations outside of California? Yes No

Section 3: Mortgage Banking

If the company or the training population provides mortgage banking functions - excluding loan origination activities - please complete the following section:

1. Is the company a mortgage lender, a company that services mortgage loans, or a business that packages and sells funded mortgage loans? Yes No
2. Is the training population primarily engaged in the packaging/sales or servicing activities related to mortgage loans? Yes No
3. List the job titles of the training population:

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Section 4: Destination Resort, Convention/Conference Center, Convention/Conference Hotel

Complete this section for each Destination Resort, Convention/Conference Center, Convention/Conference Hotel that will participate in the proposed training. A company may qualify for Out-of-State Competition under this industry if it meets one of the following requirements:

A destination resort is an establishment and its affiliated facilities that are a recognized destination, or operates in conjunction with, or by virtue of, a destination recreational complex or attraction and has derived at least 25 percent of its gross annual revenue from out-of-state visitors. "Destination" refers to the establishment, recreational complex, or attraction being itself the primary reason for people traveling to it. A city is not, in and of itself, a destination.

a. Does your company meet the above definition? OR	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is your company a convention/conference center that is an establishment primarily dedicated to holding conventions, conferences, or trade shows or exhibits? OR	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Is your company a convention/conference center which is an establishment deriving at least 25 percent of its gross annual revenue (inclusive of rooms and food/beverage revenues) from conventions, conferences, trade shows, or exhibits involving transient lodging requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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To qualify for Out-of-State Competition under any of the above criteria (a-c), your company must also meet at least three (3) of the following requirements. ***Your ETP Contractor must send the documentation to the ETP Analyst to determine that your Company meets the criteria checked below.***

We participate in out-of-state sales missions or trade shows.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We routinely conduct out-of-state sales efforts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We routinely advertise in media also used by our out-of-state competitors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We contribute financially to both community based and national marketing efforts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have a marketing plan addressing the national or international market.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We are in competition with establishments similar to ours outside of California.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Call Center

Complete this section for any company facilities that are engaged in taking customer orders and providing customer service functions in a call center environment.

1. Describe the services provided by the training population at the call center facilities:

2. What percentage of the call center's overall call volume is originating from outside of California?
3. Does the call center have any outbound call volume not solicited by the customer? Yes No

Section 6: Services Provider / Service Industry.

Complete this section for any company facilities or functional groups that provide services outside of California using their California operations or that compete directly with out-of-state competitors for services provided to customers inside California:

1. Does your company provide services to customers located outside of California using locations included in the proposed training program?
 Yes No
2. What percentage of your total gross annual revenues for the locations included in the proposed training program are derived from services to customers located outside of California?
3. Does your company regularly compete with companies located outside of California for business inside the state? (Note: A company headquartered outside of California is not considered an out-of-state competitor if it provides the competing services using California locations.)
 Yes No
4. List your major competitors, their location and any relevant information about them including website and an example of business lost (if available).

Section 7: If your company or the participating company facilities do not clearly meet the profiles in Section 1 – 6, complete the following. Supply as much information

as necessary to provide evidence that your company is in competition with businesses located out of state:

Your justification must include: (1) the product or service the company (at the training site) produces or provides that is sold out of state or overseas, or (2) the product or service the company has that competes with products and/or services produced out of state or overseas, or (3) discussion of how jobs for which training is proposed are being threatened by out-of-state competitors, or (4) a list of the company's primary out-of-state competitors.

CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE

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.

Print Name of individual signing below: _____

Title: _____

Phone: _____

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

Signature: _____ Date: _____