



**Employer Screening Policy & Procedure**  
**Attachment A**

**Procedures:**

**Purpose:** This procedure is established for identifying employers for Customized Training Services. While the local board and its contractors are not required to procure employers for the customized training program we are committed to providing maximum access to our system. Listed below are the actions the board will take to ensure all interested parties are given the opportunity to access Customized Training.

- The board or its contractor staff will, at a minimum place a request for information advertisement in the Fort Worth Star Telegram during a two week time frame once each year.
- The request for information will also be placed on the local board's web site at [www.workforcesolutions.net](http://www.workforcesolutions.net).
- The request for information will also be mailed to those employers that have previously expressed an interest in Customized Training.

The Board will accept unsolicited requests for customized training any time throughout the fiscal year. The requests will be considered based on funding availability and the level of interest. In addition, the board may at other times throughout the year post and advertise requests for information gauged upon current interest levels.

- The Board and/or its assigned contractors will meet with the company to provide information and to determine the appropriateness of the employer for customized training.
- The Board and/or its assigned contractors will determine whether the training is for an occupation with a high – potential for sustained demand or growth in the local workforce development area (workforce area, as determined by the Board and required by WIA §134(D)(4)(G)(iii)).
- The Board and/or its assigned contractors jointly with the employer will determine whether training providers are needed for customized training.

**Page (2):** References the mandatory requirements necessary for participation in Customized Training.

**Page (3):** Contains program specific information that will be weighted to meet specific program goals. The score will be used to prioritize employer requests for customized training. It will be completed upon initial contact with the employer.



Employer Pre-Qualifying Form  
ATTACHMENT A to Policy – Page 2

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Relocating companies which have laid off workers and moved to Tarrant County will not be eligible for Customized Training contracting for the first 120 days following relocation to the area.

Funds provided under customized training cannot be used to directly nor indirectly assist, promote, or deter union organizing.

**Employers must meet all the following categories in order to continue to Attachment**

1. Has your business been involved in a strike or labor dispute? Yes \_\_ No \_\_  
If you answered “yes” to question 1, please provide date & year \_\_\_\_\_
2. Does your business have any planned or seasonal layoffs? Yes \_\_ No \_\_
3. Is your business and its employees covered under Workers compensation insurance? Yes \_\_ No \_\_  
Policy carrier \_\_\_\_\_  
Policy number: \_\_\_\_\_
4. Does your business have a tax ID number? Yes \_\_ No \_\_  
Tax Number: \_\_\_\_\_

Customized Training Agreement Policy  
ATTACHMENT A to Policy – Page 3

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

What percentage of employees to be trained fall in the low-skilled/low-waged category? (50 points available) \_\_\_\_\_ %  
\_\_\_\_\_ Pts.

Will there be a wage increase or bonus upon successful completion of the training? (20 points available) Yes \_\_ No \_\_  
\_\_\_\_\_ Pts.

Training occupation: points will be awarded based on local demand occupation evaluation. (10 points available) \_\_\_\_\_ Pts.

Skill acquisition and transferability (5 points available) \_\_\_\_\_ Pts.

Clearly defined career path (5 points available) \_\_\_\_\_ Pts.

Percentage of in-house promotions during the last fiscal year. (5 points available) \_\_\_\_\_ %  
\_\_\_\_\_ Pts.

Are you able to provide work authorization documents and proof of legal age to Board Contractor Staff for trainee eligibility requirements? (5 points available) Yes \_\_ No \_\_  
\_\_\_\_\_ Pts.

Please provide a brief, one-page summary of your proposed customized training program. \_\_\_\_\_ Pts.

\*NOTE: All males born on or after January 1, 1960 must have registered for Selective Service in order to be eligible for training.


  
**WORKFORCE SOLUTIONS**
  
 FOR TARRANT COUNTY

Attachment C1c  
 Employer Customized Training  
 Cost Exhibit and Budget Summary for (Name of Employer)

**A. Training Budget**

	Total Budget	Amount Reimbursable by Board	Amount To Be Paid By Employer
Tuition / Fees			
Instructor / Trainer Wages and Benefits			
Trainee Wages			
Licensing / Testing Fees (Certification by Registrar Agency)			
Curriculum (include textbooks for trainees)			
Materials and Supplies (expendable items)			
Equipment (identify and describe)			
Space (include utilities! janitorial, etc.)			
Support Services (child care, transportation, etc.)			
Other:			
Other:			
<i>Total Cost of Training:</i>			
	\$0	\$0	\$0

**B. Employer Contribution Requirement:**

Board Contribution %	0%
Employer Contribution %	0%
Total	0%

Required Employer Contribution Amount: (total budget x employer contribution %)	\$0
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Amount budgeted to be paid by employer equals or exceeds  
 Required employer contribution amount? (yes/no) \_\_\_\_\_