

Upper Shore Workforce Investment Board

Incumbent Worker Training Application – Queen Anne's County

Business/Company Information:			
Name:			
Street Address/PO Box:			
City:	State:	Zip:	County:
usiness Representative Name:			
Phone Number:		_ Email:	
Employee Name:		_ Job Type:_	
Phone Number:		_ Email:	
las a Maryland Business Works (I	•		
copy of the MBW application may b			
□ Yes □ No	If yes, what is the s	tatus of the ap	plication?
Vhat is the purpose of the trainir	g regarding how the i	equest will sup	pport the career pathway?
his may include identified promotion, pgrade or proprietary need for additi	, position upgrade, lay oj ional training.		pport the career pathway? assisting with a mandatory certification
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Name/Title of the proposed training: Occupational classroom Cross-training work ass In-house proprietary training vendor Outside training vendor Timeframe of the training: Training cost(s): Training expenses will be a maximum By signing this application, I certify that	ing: In training ignments within the coaining using current eraining from outside vers performing training of \$5,000 per company.	ompany; mployee trained ndors; at locations ou	rs;