



**EMPLOYEE APPLICATION FOR STATE-FUNDED TRAINING CLASS**

**Training Class:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**EMPLOYEE INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ SSN# \_\_\_\_\_

Your Title/Position \_\_\_\_\_ Hire Date \_\_\_\_\_ Hourly Wage \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Class Books and/or Materials to be mailed to:

Address: \_\_\_\_\_

What benefits do you anticipate from this training? *Check appropriate box(es)*

Improve my skills for my current position

Keep up with current technology

Improve my skills to explore greater opportunities in my company

Other: \_\_\_\_\_

**SUPERVISOR VERIFICATION – To Be Completed By The Employee's Immediate Supervisor**

- We verify that the employee has not taken a class under any other ETP contractor in the past 3 months.
- We verify that the participant is a permanent, full-time employee who does not hold an "Independent Contractor," "Leased," "Temporary," "Work Share," "Corporate Officer," or "Owner" employment status and must remain employed with his/her present employer throughout the training and for 90 days immediately following training in order to be eligible for ETP funding.
- We verify that the employee does not set company policy.
- We verify that the employee earns a minimum of \$24.79 an hour and works at least 35 hours per week. We understand that employer share-of-cost for medical, dental, and vision care of up to \$2.50 per hour may be considered in order to meet the \$24.79 requirement.
- We understand employee must complete all the required training hours.
- We understand the employer is responsible for any applicable class costs including the materials fee.
- We understand that in order to comply with all state funding requirements, certificates of completion will be issued after the 90-day employment retention date AND upon receipt of post retention wage information provided by the employee and/or employer.
- We understand the employee is not eligible for training until company paperwork (Certification Statement & Employer Agreement) is submitted and approved by the State.
- We verify the accuracy of all provided information. We also verify that we have read and agree to all training specifications listed above.

STUDENT SIGNATURE \_\_\_\_\_ SUPERVISOR SIGNATURE \_\_\_\_\_

STUDENT NAME (PRINT) \_\_\_\_\_ SUPERVISOR NAME (PRINT) \_\_\_\_\_

SUPERVISOR TELEPHONE \_\_\_\_\_ SUPERVISOR TITLE \_\_\_\_\_

TO VERIFY THE REQUIRED WAGE, PLEASE ATTACH EMPLOYEE PAY STUB

SUBMIT THIS FORM by EMAIL, or MAIL

QUESTIONS? Call 818-957-0024

SCAN & EMAIL: [Pamela@pdcgcc.com](mailto:Pamela@pdcgcc.com)

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