



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

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