ARIZONA@WORK-Yuma County
Employer Information Approval Form

Employer Name: _____

Business Address: _____

Authorized Rep: _____ Business Telephone #_____

How many permanent employees do you have? _____

How long has this business/corporation been in Yuma or Arizona? _____FEIN#: _____

Business license attached? **Yes** ☐ **No** ☐
(Only required if employer is within city limits or conducts business within city limits)

Have you had any recent layoffs? **Yes** ☐ **No** ☐
**If yes, what positions/departments? _____

Does the business/corporation pay into unemployment fund? **Yes** ☐ **No** ☐

Does the business/corporation have payroll journals and earning records?
(Note: It's recommended to use employers that pay into UI for performance measures) **Yes** ☐ **No** ☐

Does your business/corporation have a Problem Resolution Procedure? **Yes** ☐ **No** ☐
(If employer uses their own problem resolution procedure, place a copy in file. (If they do not have one they can use ARIZONA@WORK form)

Does the business/corporation have EO posters displayed? **Yes** ☐ **No** ☐

Has your business/corporation ever filed for Bankruptcy? **Yes** ☐ **No** ☐
If yes, when? _____

Is your business/corporation presently in bankruptcy proceedings? **Yes** ☐ **No** ☐

Is this work site accessible to individuals with disabilities? **Yes** ☐ **No** ☐ **NA** ☐

Is the work site in compliance with child labor laws? *(if applicant under 18 years)* **Yes** ☐ **No** ☐ **NA** ☐

How many breaks are allowed in an 8-hour period? _____

Do you pay (check mark one) ☐ weekly ☐ bi-weekly ☐ Other (*explain*) _____

Workmen's Comp policy certificate? *(Required for on the job training only)* **Yes** ☐ **No** ☐ **NA** ☐
(Attach copy to form)

Note: Per Federal regulations, 20 CFR 683.200 states "no individual may be placed in a WIOA employment activity if a member of that person's immediate family is directly supervised by that individual." The Fair Labor Standards Act, 29 CFR 780.308 states, "other than a parent, spouse, or child, only the following persons will be considered to qualify as part of the employer's immediate family: step-children, foster children, step-parents and foster parents."

_____ _____
Authorized Rep Signature Date

(Employer form must be completed annually)

Service Provider Use Only:

******Indicate on comment section below if participant falls under any of the listed criteria listed below due to employer layoffs;

A participant in a program or activity under title I of WIOA **may not** be employed in or assigned to a job if:

(1) Any other individual is on layoff from the same or any substantially equivalent job; or

(2) The employer has terminated the employment of any regular, unsubsidized employee or otherwise caused an involuntary reduction in its workforce with the intention of filling the vacancy so created with the WIOA participant; or

(3) The job is created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers as of the date of the participation.

Note: Per 20 CFR § 683.270(a) and (c)(1)(2)(3), a WIOA Title I-B participant **must not** participate in OJT/WEX or Internship within a job position in which an employee was laid-off by the employer from the same job or any substantially equivalent job, including a partial displacement.

Arizona Corporate Commission or Better Business Bureau print-out?
If no print-out attached, please explain in comments section. **Yes** ☐ **No** ☐
(*To ensure OJT, Internship/ WEX is not involved in legal issues or has pending suspensions*)

Research company website print-out?
If no print-out attached, please explain in comments section. **Yes** ☐ **No** ☐
(*To ensure that OJT, Internship/WEX employer has no apparent discrepancies with information)*

Comments: _____

_____

_____

Workforce Specialist Signature**:** _____ Date: _____

Department Manager: Approved: ☐ Denied: ☐

Manager Approval/Denial by: _____ Date: _____

Compliance Use Only:

Does employer fall within Industry Sectors selected by the LWDB in Yuma County? **Yes** ☐ **No** ☐

☐ Reviewed by Compliance on _____ _____
Date Initials