

Workforce Training Fund Program – Direct Access Program Employer Eligibility Determination Form

SECTION I. COMPANY INFORMATION: The following section should be completed by the company that is sending their employee to training.

Company Name:	Company size: ___0-19 ___20-100 ___100+		
DUA #:		FEIN:	
Street Address:		City, State, Zip Code:	
Contact Name:		Email Address:	
		Telephone Number :	
Certificate of Good Standing (1st time applicant)	Y/N	# of Employees Participating in Course:	

SECTION II. EMPLOYEE INFORMATION:

Employee Name: _____ Employee Email: _____

SECTION III. COURSE INFORMATION: Check off all courses this employee will be participating in.

	Course Name		Course Name
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

SECTION IV. CERTIFICATION

* This is the person who will be contacted if Commonwealth Corporation has any questions when determining eligibility. Commonwealth Corporation may also contact this individual at the close of the Program to request feedback or to conduct monitoring.

I certify that I will pay my employees at their normal pay rate while they are participating in this training course. I understand that the cost of this course is being paid for through a program funded by the Workforce Training Fund Program. I certify the information stated on this form is true and accurate to the best of my knowledge. I understand that if I have misrepresented myself or my involvement with state and/or federal agencies, there may be penalties as specified by law. I give Commonwealth Corporation permission to discuss the information on this form and any questions resulting from a compliance review screening with the training provider listed above. I am authorized to provide this information for my organization.

I, the undersigned, do hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remittance of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause of denial of application and other penalties.

Company Representative Signature:		Date:	
Company Representative Name:		Title:	

The following section should be signed by the employee participating in the courses above.

CERTIFICATION: I understand that my employer will pay me my normal wages while I am participating in training.

Employee Signature		Date:	
Employee Name			