



SouthCentral Mississippi Works Workforce Development Area

CARES Act On-the-Job Training

Business Application

Employer Information:

EMPLOYER LEGAL BUSINESS NAME:			
CONTACT PERSON: (Authorized Business Official)		TITLE:	
EMPLOYER ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:	EMAIL:	FAX:	
TYPE OF BUSINESS:			
EMPLOYER TAX ID:		<input type="checkbox"/> W9 – SUBMIT A COPY WITH THE APPLICATION	
WORKERS' COMPENSATION CARRIER:		POLICY #	
<input type="checkbox"/> SUBMIT THE DECLARATION PAGE OF THE WORKERS' COMP POLICY WITH THE APPLICATION			

OJT Position(s) Requested	Hourly Wage	Number of Positions

Please indicate how your business has been affected by the COVID-19 public health emergency.

- Experienced closure due to non-essential designation.
- Experienced business slow down due to supply chain interruption.
- Experienced business loss due to reduced orders or reduced consumer demand.
- Shut down due to COVID-19 outbreak on employer site.
- Required to revise method of production or service provision processes.

Program Benefits:

CARES Act On-the-Job Training (OJT) provides employers with reimbursement of wages paid new employees to help defray the cost of training with priority given to furloughed, unemployed, underemployed, or other similar individuals displaced due to the public health emergency.

Reimbursement to the employer is based on the employee's hourly rate of pay as follow:

- Employers to receive a 75% reimbursement of wages for employees that earn \$15.00 per hour and higher for up to 320 hours.
- Employers to receive a 50% reimbursement of wages for employees that earn \$8.00 to \$14.99 per hour for up to 320 hours.

The maximum reimbursement of wages is \$30 an hour, regardless of the employee's wage.

The employer must provide a Training Outline for each occupation which indicates the job description, pay rate, and breakdown of the skills to be learned within the 320 hours of training.

As signatory Business Official for _____ (business name), I certify:

1. The information provided in this document is accurate, true and correct.
2. No trainee shall be discriminated against on the grounds of race, color, religion, sex, national origin, age, disability, political affiliations or belief, citizenship.
3. The employer acknowledges and understands the program outline in regard to the reimbursement rates and training outlines.

Signature of Authorized Business Official

Date

Instructions:

Email this form and the required documentation to wioa@cmpdd.org

If you have any questions you may contact the Workforce Department at Central Mississippi Planning and Development District at 601-981-1511

STAFF ONLY

Employer meets all CARES Act OJT qualifications? YES NO

WIN Job Center Staff Signature: _____ Date: _____

Print Name: _____ WIN Job Center Location: _____