

# T.E.E.N. Industry Partnership Application



Date: \_\_\_\_\_

## Company Information

Company Name:	
Mailing Address:	
Physical Address:	
FEIN:	
Contact Person(s):	
Title(s):	
Phone Number(s):	
Fax Number(s):	
E-Mail Address(es):	

## Employee Information

How many full-time employees does your company employ?	
How many employees work in the Logistics & Transportation field?	
Do you employ any Union employees?	
Union Name:	Union Representative:
Representative's Phone Number:	Representative's email:

## Training Information

Do you currently work with the PA CareerLink? If yes, how so?	
Does your company offer Internships, Externships, Apprenticeships or Company Tours. If so, please explain.	
Would you like to complete a company training assessment for possible access to training resources available through the IP?	_____ Yes      _____ No
How did you first hear about the AMDM Industry Partnership?	Media _____ CareerLink® _____ WCJP _____ Economic Development _____ Chamber of Commerce _____ Industrial Resource Network(s) _____ Business Call Program _____ Other (please specify) _____

## Partner Responsibilities

Partner companies are required to:

- (1) Be represented in three (out of four) quarterly meetings
- (2) Respond to 75% of surveys, questionnaires and other materials that solicit participation distributed by the Partnership
- (3) Present the Employer Required Cash Match (25% of the Total Training cost) prior to the start of the Industry Partnership sponsored training
- (4) Submit the mandatory Participant data for all of the employees that participate in IP sponsored trainings

Please complete this form and return it to West Central Job Partnership, 44 South Beaver Street New Castle, PA 16101. If you have any questions, please contact Eric Karmecy at (724) 658-2501 x228 or [ekarmecy@wcjp.org](mailto:ekarmecy@wcjp.org).