



Economic Development

# Training Reimbursement Application Form

## General Instructions

1. Form is to completed in its entirety by employer and applicant
2. Please type application, do not write by hand
3. Current employees are eligible for up to \$1,500 and new employees are eligible for up to \$3,500 toward training reimbursement resulting in advancement or new employment
4. Any credited training and all fields of study are eligible

## 1. Business Information

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Office Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2. Applicant Information

Applicant Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Office Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Current Position \_\_\_\_\_ -OR- Prospective Position \_\_\_\_\_

## 3. Training Information

a. Please describe the necessary training required to hire new employee or advance current employee, including school, classes and potential certificate, license, etc.:

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b. Please describe the position the applicant will fill once training is complete, including pay rate:

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**c. Training Provider Contact:**

Provider \_\_\_\_\_ Contact Name \_\_\_\_\_  
Office Telephone number \_\_\_\_\_ Email address \_\_\_\_\_  
Business address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**d. When will training begin:** \_\_\_\_\_

**e. When is training anticipated to be completed:** \_\_\_\_\_

**f. What is the total cost of training:** \_\_\_\_\_

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**I do state the above information is accurate to the best of my knowledge.**

**Signature of Business Representative** \_\_\_\_\_

**Signature of Applicant\*** \_\_\_\_\_

**\*by signing this document, applicant agrees to reimburse all training funds if training is not completed  
OR if applicant leaves employment prior to completing training**

**Date** \_\_\_\_\_

NOTE: This application form **must be submitted prior to beginning training**