



TEXAS WORKFORCE COMMISSION

UPSKILL TEXAS

ATTACHMENT A EMPLOYER INFORMATION

A designee applying for funding on behalf of multiple companies is required to complete Attachment A for each company/employer that will be participating in the Training Program. The company/employer's authorized signatory of each business needs to sign the attachment. Please be sure to include information on all companies identified in Section II of the Application document.

EMPLOYER INFORMATION		
Legal Entity Name:		
Contact Name:		
Contact Title:		
Contact's E-mail Address:		
Contact's Phone Number:		
Authorized Signatory:		
Authorized Signatory Title:		
Authorized Signatory Email Address:		
Company Street Address:		
City:		
County:		
State:	Texas	
ZIP Code (must include 9 digit ZIP code):		
Company's Total Number of Employees:		
Company Type	For profit company	
	Nonprofit corporation	
	Publicly funded healthcare corporation	
4-Digit NAICS Code that Identifies Industry You can find these codes here NAICS Code		
TWC Unemployment Tax Account Number: (This is the 9 digits account under which the business reports employee wages to the TWC Tax Department.)		
Federal Tax ID Number (FEIN)		
Is the business working with a Professional Employer Organization (PEO) for payroll purposes? (If working with a PEO please provide the name and TWC number)	YES	NO
	PEO Name: TWC Number:	

Employment Benefit Information

Indicate which of the following employment benefits the private partner will provide for employees who participate in the proposed. Please choose all that apply.

COMPANY EMPLOYMENT BENEFITS					
<input type="checkbox"/>	Medical Insurance	<input type="checkbox"/>	Prescriptions	<input type="checkbox"/>	Educational Assistance
<input type="checkbox"/>	Workers' Compensation	<input type="checkbox"/>	Vacation	<input type="checkbox"/>	401K/Pension Plan
<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>	Holidays	<input type="checkbox"/>	Profit Sharing
<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Sick Days	<input type="checkbox"/>	Other:

Additional Company Information

Please indicate your response by checking the box for each question.	YES	NO
Have layoffs occurred in the last 120 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have experienced a reduction in the number of hours or number of shifts?	<input type="checkbox"/>	<input type="checkbox"/>
Has changed business models or scope of services in the last 12 months which would require rapid response training?	<input type="checkbox"/>	<input type="checkbox"/>
Is your company current on all state and federal tax obligations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an employer account in WorkInTexas.com?	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgements and Certifications

Applicant represents and warrants that all statements and information prepared and submitted in this Application are current, complete, true, and accurate. Submitting an application with a false statement or material misrepresentations made during the performance of a grant award is a material breach of contract and may void the submitted Application and any resulting grant award.

The applicant acknowledges and confirms compliance with all required reporting, as well as the rules and regulations governing this funding, as outlined in the General Terms and Conditions, Special Terms and Conditions, Certifications, and the Workforce Innovation and Opportunity Act.

Name of authorized employer signatory

Signature

Title of authorized employer signatory

Date