

**KIRKWOOD COMMUNITY COLLEGE
INDUSTRIAL NEW JOBS TRAINING PROGRAM
(260E)
APPLICATION**

PART I – Company Background Information

Legal Name of Company _____

Federal ID Number _____

Length of Time in Business _____ State and Year of Incorporation _____

Highest level of employment **in the state of Iowa** in the last 6 months _____

Contact Person _____ Title _____

Contact Email Address _____ Cell Phone Number _____

Phone Number _____ Fax Number _____

Project Address _____

Mailing Address _____

Corporate Name/Address (if different from above) _____

Do you have multiple sites in the State of Iowa? Yes No
(If Yes, please list the addresses)

Will the new jobs be located at more than one site? Yes No
(If Yes, please list which locations)

PART II – Organizational Leadership Structure

Attach List of Board of Directors/Key Officers of Company

PART III – Financial Information

At this time, financial information is not required. However, should the company move to a final agreement, Kirkwood requires a review of the three most recent year's financial statements.

PART IV – Product or Service Information

Please describe the product or service your company provides or attach a brief history of the company. Include milestones and accomplishments that have occurred since its inception. Include a brochure or marketing piece from your company if one is available.

PART V – New Job Creation Projected

Today's Date _____

The information in this section will be used to establish the financial projection for this program. You may breakdown the positions into line items (allowing for the most accurate projection) or give us one projection for all positions and an average hourly rate.

Number of new jobs _____ @ Hourly Rate or Salary _____ Position Title _____

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Number of new jobs _____ @ Hourly Rate or Salary _____ Position Title _____

Start Hiring Date _____

End Hiring Date _____

PART VI – Health Care

Please indicate benefits provided by the company:

Health Insurance Dental Insurance Vision Insurance Life Insurance

Short term and/or long term disability coverage 401(k) plan and/or pension

Signature _____

Please return to: Tyler McCarville
Kirkwood Community College
6301 Kirkwood Blvd SW
Cedar Rapids, IA 52404
Phone 319-398-7782
tyler.mccarville@kirkwood.edu