

# Training for Industry Program

## WORKSHEET

<i>Date:</i>	<i>Technology Center:</i>	<i>Industrial Coordinator:</i>
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### COMPANY INFORMATION

***Name of Company:***

***Company Site or Facility for TIP (OK community):***

***Company CEO:***

<i>Name:</i>	<i>Phone:</i>	<i>E-mail:</i>
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***Company Contact Person:***

***Title:***

<i>Name:</i>	<i>Phone:</i>	<i>E-mail:</i>
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***Company Mailing Address:***

***Company Physical Address:***

***Market Location:***

National

Regional

International

***Company Web-site Address:***

***Company Product:***

***Company Category:***

(Manufacturing, Service Trucking, Telecommunication, Distribution Centers, Call Centers, Food Processing, or other)

***Company Codes:***

<b>Federal Employer Identification Code (F.E.I. #):</b>	
<b>Standard Industrial Classification Code (SIC Code):</b>	
<b>National American Industry Classification System (NAICS Code):</b>	

## TIP AGREEMENT INFORMATION

Years in Business:

Provide a brief summary of company history, products, and other pertinent information to be used in the **"Statement of Understanding"**.

Training Reason:

Expansion  Start-up  New to Oklahoma  New Site

Training Requested:

Pre-Employment  Pre-Production  Classroom  Upgrade

Number of Employees (this site):

Total Employees	Hourly Employees	Salaried Employees

<b>What has been the Highest Level of Employment?</b>	
<b>New Job Slots Created:</b>	
<b>Number to be Trained:</b>	
<b>Hourly Wage of New Job Slots:</b>	

Type of benefits provided:

Description of work to be trained for:

How are employees currently being trained?

TIP Agreement Start Date:  Date to start training:

Training Dates:

<b>Beginning Date:</b>	
<b>Ending Date:</b>	



