GWB Work Immersion Application and Pre-Approval Form

The employer must submit a completed Application and Pre-Approval form to the Governor's Workforce Board, 1511 Pontiac Avenue, Cranston, RI 02920 or to scarello@dlt.ri.gov. Funds will not be awarded for reimbursement of any wages paid prior to approval of the proposed temporary work experience. The Work Immersion Program is contingent on available funding and authorization of program activities.

Part I – To be completed by participant:

Name _____ Email_____

Address _____ Phone_____

☐ I am currently collecting Unemployment Insurance benefits ☐ I am registered on EmployRI

☐ I have not earned wages for the past six weeks or more

☐ I am 18 years of age or older Date of birth _____

I have received pre-employment services from the following agency: _____

Proposed Temporary Work Experience

Employer _____ Job title _____

Estimated start date _____ end date _____ Estimated total hours of work experience _____

Describe how this work experience is related to your employment / career goals _____

_____

I understand and agree to the terms and conditions of the Work Immersion Program.

_____ _____

Name Date

Part II – To be completed by provider of pre-employment services:

Agency / Organization_____

Contact Person _____ Job title _____

Address _____ Email _____ Phone _____

Has the above-named participant been your client during the past three months? ☐ Yes ☐ No

What pre-employment services has the participant received from your agency? *(check all that apply)*

☐ Occupational skills training ☐ Career coaching ☐ Work readiness training ☐ Adult education

Assistance with: ☐ resume writing ☐ interview skills ☐ job search ☐ other _____

Is the participant currently unemployed? ☐ Yes ☐ No Registered on EmployRI? ☐ Yes ☐ No

I understand and agree to the terms and conditions of the Work Immersion Program.

_____ _____

Name Date

Part III – To be completed by employer:

Employer _____ RI Employer Registration Number: _____

Address _____ Website _____

Contact Person _____ Job title _____

Phone _____ Fax _____ Email_____

Proposed Temporary Work Experience:

Name of participant_____ Referring agency_____

Job title _____ Location _____

Hourly rate _____ Hours/week _____ Total weeks _____ Total hours _____

Job duties _____

Describe three specific things that the participant will learn about the industry or occupation

_____

_____

_____

Indicate the ways this temporary work experience will be a "meaningful work experience" and/or will increase the employability of the participant *(check all that apply)*

- ☐ Will increase participant's awareness of the occupation and industry
- ☐ Will increase participant's technical skills
- ☐ Will increase participant's professional knowledge
- ☐ Will increase participant's work-readiness skills

Does this temporary work experience have the potential to result in the participant being hired by you?
☐ Yes ☐ No

Has your company previously provided a temporary work experience to an unemployed adult?
☐ Yes ☐ No

Have you or will you increase the total number of temporary work experiences that you provide as a result of the Work Immersion Program? ☐ Yes ☐ No

Have you completed and attached the required W-9 form with this application? ☐ Yes ☐ No

I understand and agree to the terms and conditions of the Work Immersion Program.

_____ _____
Name Date

****

To be completed by GWB staff

- ❑ All required sections are complete.
- ❑ Employer is eligible to participate in the Work Immersion Program and has submitted a W-9 form.
- ❑ Participant is eligible to participate in the Work Immersion Program
- ❑ Proposed Work Immersion meets the requirements of the Work Immersion Program.

Comments:_____

_____

Reviewed by _____ Approved by_____ Date_____

Form W-9 (Rev. 3/7/11)

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A $50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN) **Employer ID No. (EIN)**

NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
(2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE TITLE DATE TEL NO.

BUSINESS DESIGNATION:

Please Check One: Individual ○ Medical Services Corporation ○ Government/Nonprofit Corporation ○
Partnership ○ Corporation ○ Trust/Estate ○ Legal Services Corporation ○

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.