

Vermont Training Program Employer Certification for Vendor Training

Training	Provider	Name:		
Compan	y Name: ₋			
Course I	Name(s)_			
	es attend		Harrib Wara	
Employee Name:			Hourly Wage:	
1. 2.	Full-time	training will be: e permanent employees making a minimum of ds being requested do not duplicate other state Rehab, etc.)		
3.	The par	cipating companies will be offering a minimum of three of the benefits below (check all that apply) □Health Insurance (with 50% or more of premium paid by employer)		
	0	☐ Child Care		
	0	☐ Paid Vacation		
	0	☐ Dental Insurance Assistance		
	0	☐ Retirement Benefits		
	0	☐ Other Paid Time Off (Excluding Sick Time	e)	
	0	☐ Other Employee Benefit:		
				-
Print		Signature		Date

Attachments Needed for Complete Application:

- 1. Certificate of Insurance (liability & workers comp)
- 2. Proof of Employee Benefits (Ex. portion of employee handbook)