



**Maggie Brooks**  
*County Executive*

Monroe County Economic Development  
50 West Main Street, Suite 8100  
Rochester, New York 14614-1218  
(585) 753-2000 Fax (585) 753-2002  
[monroecounty.gov](http://monroecounty.gov)

**MONROE MANUFACTURES JOBS PROGRAM APPLICATION**

**I. COMPANY DATA**

Company Name: \_\_\_\_\_  
Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address (nonresidence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_  
NAICS Code: \_\_\_\_\_  
Number of full-time equivalent employees in Monroe County: \_\_\_\_\_ As of date: \_\_\_\_\_

**II. COMPANY CERTIFICATION**

The company certifies the employee information listed below is true and correct and that the employee will work at least 35 hours per week.

Employee Hired: \_\_\_\_\_  
Employee Title: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_  
Signature & Title: \_\_\_\_\_

**III. EMPLOYEE CERTIFICATION**

The employee certifies that this is their first job since obtaining one of the following degrees or certificates after 12/01/2008 from the MCC Applied Technology Center: Associates Degree in Precision Machining or a Certificate in Optics Fabrication or Precision Machining. The employee further certifies that all other information contained below is true and correct.

Employee Name: \_\_\_\_\_  
Employee Mailing Address: \_\_\_\_\_  
Employee Phone Number: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_

**IV. MONROE COMMUNITY COLLEGE CERTIFICATION (Graduates after 12/01/2008)**

I certify that the above noted employee has received a certificate of graduation from the Applied Technology Center at Monroe Community College.

Date of graduation: \_\_\_\_\_

Robert Lasch, Program Coordinator,  
Applied Technology Center at Monroe Community College



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**The Monroe Manufactures Jobs program is only available to manufacturers as determined by Monroe County. Payments from the program will be made upon providing evidence that the employee hired has been employed for at least one year from the date of hire.**

**III. COMPANY CERTIFICATION**

The undersigned officer of the Company hereby certifies, on behalf of the Company, as follows:

A. The information contained in this application is true and correct. The Company is aware that any material misrepresentation made in this application constitutes an act of fraud, resulting in termination of participation in the Monroe Manufactures Jobs program.

B. The Company agrees to retain the full-time employee for a minimum of one year from the date of hire on application. The company agrees to complete a survey at the end of the first year.

C. The Company will maintain its headquarters at a nonresidential address in Monroe County.

D. The undersigned on behalf of the Company certifies that the Company and its officers (owning more than 20% of the Company) are current on all real property, federal, state, sales, income and withholding taxes.

E. Company understands qualification for participation in the program is to be determined by Monroe County in its sole discretion.

IN WITNESS WHEREOF, the undersigned has executed this company's certificate as of this date:

Date: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

**Applied Technology Center at MCC to remit completed original form to:**

Monroe County Planning & Economic Development  
50 West Main Street,  
Suite 8100  
Rochester, New York 14614-1218  
Phone: (585) 753-2000  
Attn: Judy A. Seil