



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 ON THE JOB 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 is employed in Monroe County and will work at least 35 hours per week.

Employee Hired: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Signature & Title: \_\_\_\_\_

### III. EMPLOYEE

Employee Name: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

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

### IV. TRAINING INFORMATION

Training Program (attach description): \_\_\_\_\_

Industry Recognized Certification: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Total Hours of Training: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Total Training Program Cost: \_\_\_\_\_

Total Amount of Funds Requested: \_\_\_\_\_



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- \* The Monroe On the Job program is available to eligible employees of a company as determined by Monroe County in its sole discretion.**
- \* Training must lead to an industry recognized certification or transferable credential.**
- \* Awards may not exceed \$4,000 per employee or \$16,000 per company. Employer must match at least 50% of the total program cost. Employee wages are not eligible training costs.**
- \* The program is a reimbursement, and funds will be paid directly to the Employer upon satisfactory evidence of training completion.**
  - \* Employee must be employed in Monroe County**

### 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 on the Job program.
- B. The Company understands the terms and conditions of the program noted above.
- C. The Company and all officers owning minimum of 20%, are current and will remain current throughout the term of this agreement, on a all real property, federal, state, sales, income and withholding taxes.
- D. The Company will maintain its headquarters at a nonresidential address in Monroe County.
- E. If a company has received payment from the Monroe On the Job program, and relocates outside Monroe County within two (2) years after receipt, the total amount must be paid back in full.
- F. The 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: \_\_\_\_\_