

**EMPLOYMENT & TRAINING FUND (ETF)--EMPLOYER REFERRAL AGREEMENT**  
 Department of Labor and Industrial Relations (DLIR), Workforce Development Division (WDD)



**THIS REQUEST MUST BE RECEIVED BY ETF AT LEAST 2 WEEKS PRIOR TO THE START DATE OF A CLASS**

Employer or Authorized Representative: \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Federal ID# \_\_\_\_\_  
 Employer's DOL # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Company (dba) \_\_\_\_\_ Parent Company \_\_\_\_\_  
 Type of Business \_\_\_\_\_ # Employees \_\_\_\_\_  For Profit  Non-Profit

**EMPLOYER:** I certify that 1) the requested training is necessary to improve or upgrade the workforce skills of the employee listed below; 2) our company does not already provide for the requested training; and 3) the employee listed below is not a government subsidized employee of this company.

**Our company understands ETF's assistance is defined as a tuition cap not to exceed \$500 per course and we hereby agree to:**  
 1) pay fifty percent (including tax, if applicable) of the ETF assistance and any excess balance thereof that exceeds the assistance directly to the training vendor prior to the start date of a class without liability to the State; 2) notify the training vendor and ETF of any enrollment cancellations or substitutions at least 5 days prior to the start date of the class; and 3) participate in any relevant training evaluations or follow-up surveys the DLIR may request. (Note: For substitutions, a separate Employer Referral Agreement form must be completed and mailed to ETF for approval). It is understood that our company will be responsible for any costs incurred for not complying with the above terms and failure to do so would result in the employer or employee being suspended from accessing ETF funds for a period of one year or more and the DLIR-WDD may disapprove or terminate this Agreement at any time without liability to the State.

► **Authorized Employer Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

<p><b>EMPLOYEE INFORMATION</b> will be used by DLIR to track training data. The training vendor listed below will receive name and social security and home/work phone number(s) for registration, cancellation, and/or reminder purposes.</p>			
Last name _____	First name _____	Initial _____	
Home Address _____		City _____	Zip _____
Soc. Sec. # _____ <small>Last 4 digits only</small>	Birthdate ____/____/____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Phone _____	Work Phone _____	Highest Grade Completed _____	E-mail _____
<p>U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, attach copy of official documents showing legal right to work in the United States.</p>			
Job Title _____		Owner <input type="checkbox"/>	Supervisor/Manager <input type="checkbox"/> Employee <input type="checkbox"/>

**ATTACH ETF COURSE REGISTRATION FORM AND SUBMIT WITH THIS FORM TO ETF WHEN REQUESTING TRAINING\***

Request for Training Vendor (print): TOBE Co. Food Safety

I hereby authorize the training vendor noted above to release any of the above information to the State Department of Labor and Industrial Relations to track employee services and training data. I agree to complete all classes & activities as scheduled and participate in DLIR evaluations of any training received through ETF. I understand and have discussed with my employer the above terms. I am currently not qualified for any other federal, state or county training programs. **I understand if I fail to attend a class without properly notifying ETF, the DLIR shall impose upon me a one-year suspension from the ETF Employer Referral Program for the first occurrence and a lifetime suspension for any additional no-shows.** I agree that if the information provided herein is proven to be false, the DLIR may revoke my privilege to access ETF funds.

► **Employee Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Print Name/Sign)

Auxiliary aids and services are available upon request. Call ETF at 808/586-8847 (TTY), or 1/888/569-6859 (TTY Neighbor Islands). It is the policy of DLIR that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of DLIR's services, programs, activities, or employment.

\*BEFORE ATTENDING CLASS, DLIR MUST GIVE PRIOR WRITTEN APPROVAL. CHECK WITH YOUR EMPLOYER TO CONFIRM ENROLLMENT

► **ETF ONLY: Approved by WDD Branch:** \_\_\_\_\_ BY \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Local Office Control # \_\_\_\_\_ ETF (50%) Cost \$ \_\_\_\_\_ Employer's (50%) Cost \$ \_\_\_\_\_ Employer's excess balance \$ \_\_\_\_\_

**Attach Employer Referral Agreement w/this page. Contact Training Vendor to confirm exact tuition amount(s).**

**SECTION I. STATE WORKFORCE DEVELOPMENT DIVISION  
Employment and Training Fund Program Course Registration/Agreement**

(Please print or type)  
**Name of Participant:** \_\_\_\_\_ **Soc. Sec. No:** \_\_\_\_\_  
Last, First, Middle Initial Last 4 Digits Only

**Participant's E-mail :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Res Ph: (808)** \_\_\_\_\_  
 \_\_\_\_\_ **Bus Ph: (808)** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Fax Ph: (808)** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Name of Training Vendor (School):** TOBE Co. Food Safety **Location:** \_\_\_\_\_

Course No. & Section	Course Title	Class Dates	Total Tuition * (See Section IV below)	BREAKDOWN OF TUITION COST		
				ENTER DLIR/ETF costs (50% of ETF assistance)	ENTER Employer's costs (50% of ETF assistance)	ENTER Excess balance exceeding tuition cap
	ServSafe		\$ 164	82.00	82.00	\$
	<b>If applicable, include 4% tax for excess balance only</b>		XXXXXXXXXX	XXXXXXX	XXXXXXXXXX	
	<b>TOTAL</b>		\$ 164	\$ 82.00	\$ 82.00	\$

**SECTION II. TO BE COMPLETED BY TRAINING VENDOR:**

Enrollment confirmed by T. Frigge TOBE Co.  
(Print/Sign Name of Authorized Representative) AND (Print Name of School)

**SECTION III. (To be completed by WDD/ETF only)** PO# \_\_\_\_\_ Local Off. Control # \_\_\_\_\_

HONOLULU OFFICE  586-8703    KONA OFFICE  327-4770    HILO OFFICE  981-2860    MAUI OFFICE  984-2091    MOLOKAI OFFICE  553-1755    KAUAI OFFICE  274-3056

ENROLLMENT APPROVED BY: \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_  
WDD/ETF Representative, (print name here) :

**\* SECTION IV. Employer/Training Vendor Agreement** (This section must be completed by employer and training vendor)

**EMPLOYER:** The undersigned understands ETF assistance is defined as a tuition cap not to exceed \$500 per course, including tax, if applicable. Our company hereby agrees to pay fifty percent of the assistance, and any balance that exceeds the cap, including tax if applicable, directly to the training vendor noted below prior to the start date of a class without liability to the State DLIR. The Employer's total cost, including any excess balance, is \$ 82.00 (this amount *does not* include DLIR/ETF's 50% of the cost).

\_\_\_\_\_  
Authorized Signature/Title, Company Name Print Name: DATE: \_\_\_\_\_

**TRAINING VENDOR:** The undersigned hereby agrees to be solely responsible for collecting directly from the employer noted above \$ 82.00, which is the employer's total cost and does not include DLIR/ETF's 50% of the cost. The undersigned hereby agrees not to hold DLIR/ETF liable for any uncollected monies owed by the company named above.

T. Frigge TOBE Co. DATE: \_\_\_\_\_  
Authorized Signature (Print/Sign Name) Print Name of Training Vendor (School)