

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT JOB PROFILING AND ASSESSMENT APPLICATION

Instructions: Do not complete sections III and IV.

NCRC Only: Yes No

I. Employer Information

Company Name:		FEIN:			
Company Address:		City:	Zip:	County:	
Primary Contact:		Phone:		Email:	
Industry:		Union: <input type="checkbox"/> Yes <input type="checkbox"/> No	Union Name (if applicable):		
Current employment level:		Employment level one year ago:			

II. Profile Position Information

#	Job Title	Entry Wage	Number of Current Incumbent Workers	Number of Projected Hires within 12 months	Accepted	Denied
1.						
2.						
3.						
4.						
5.						
Total			TOTAL			

III. Project Request Summary (For Business Consultant Use only)

Number of jobs to be profiled:	Number of projected hires:	Number of prospective workers to be assessed:
Number of existing workers to be assessed:	Total number of assessments:	Cost of assessments:
Cost per profile:	Total cost of profiles:	Total project request:

IV. Job Profiler and WorkKeys Specialist (For Business Consultant Use only)

Profiler Name:	Profiler Phone Number:	Profiler Email:	
WorkKeys Specialist Name:	Specialist Phone:	Specialist Email:	
Business Consultant Name:	Email:	Phone Number:	EGR:

V. Notice of Confidentiality of Information

To the extent feasible and permissible by law, the Indiana Department of Workforce Development (DWD) will honor an applicant's request that confidential information submitted to DWD will remain confidential. DWD will treat the information as confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant or loan, the honoring of the confidentiality of identified data shall not limit DWD's right to disclose the details and results of the economic development project to the public. Additionally, by signing this agreement you are acknowledging that all information ACT obtains as part of the profiling process can be released to DWD.

VI. Management Certification

I hereby certify that I have read the foregoing project file and that the information contained herein is true and accurate to the best of my knowledge and belief. Furthermore, to the best of my knowledge and belief, our company and/or organization does not have any outstanding liabilities with the State of Indiana, including but not limited to the Departments of Environmental Management, Revenue, Health, Natural Resources, and Workforce Development.

- I understand that my business is expected to utilize both a WorkOne office and its job matching system, Indiana Career Connect, for hiring applicants into the position(s) for which job profiling and/or assessments are being provided.
- I am aware that the job profiling, assessment and other recruitment services available under the JOBS program for which my business may be eligible expires 12 months from the date of approval of this application. I understand that continuation of services may be available by completing a new JOBS application.

VII. Employer Signature and Authorization

_____ Title: _____ Date: _____
Authorized Signature

FOR INTERNAL USE ONLY

	Comments:
Date Reviewed:	

Revised 10-08-14

Please email completed applications to WIN@dwd.in.gov