



Greater Oh-Penn Manufacturing Apprenticeship Network

OH: Ashtabula, Columbiana, Geauga, Mahoning, Portage and Trumbull Counties
PA: Clarion, Crawford, Erie, Forest, Lawrence, Mercer, Venango and Warren Counties

Date: _____

Employer Reimbursement Application

If your company currently has an apprenticeship program in the occupation title(s) used for this application, please provide a copy of your apprenticeship standards with the application

Company Information

Employer Name Federal Tax ID

Street Address City State

Zip Code County NAICS Code Status

Product/Services Number of Employees at Worksite

Number of Employees at all locations

Employer Contact Information

Contact Name Title Phone

Address Fax Email

*Print Name of Authorized Signatory Title of Signatory

*Print Name of Authorized Signatory Title of Signatory

****Either one of the two may provide signature for future reimbursement paperwork***

Liability Insurance Information

Carrier Name Policy Number Expiration Date

Workers Compensation Information

Carrier Name Policy Number Expiration Date

IF APPLICABLE: Bargaining Agency Information

Agency Name EIN Local Agency Phone

Number of Local Bargaining Agency

Category of Employees Number of Union Employees at this site

New Apprenticeship Program

GSM	<input type="checkbox"/> Machining	<input type="checkbox"/> Industrial Maintenance	<input type="checkbox"/> Welder/Fitter
	Number of Apprentices: ____	Number of Apprentices: ____	Number of Apprentices: ____
Individual	<input type="checkbox"/> Machining	<input type="checkbox"/> Industrial Maintenance	<input type="checkbox"/> Welder/Fitter
	Other(s) _____	_____	_____
	Number of Apprentices: ____	Number of Apprentices: ____	Number of Apprentices: ____

Existing Apprenticeship Program

GSM	<input type="checkbox"/> Machining	<input type="checkbox"/> Industrial Maintenance	<input type="checkbox"/> Welder/Fitter
	Number of Apprentices: ____	Number of Apprentices: ____	Number of Apprentices: ____
Individual	<input type="checkbox"/> Machining	<input type="checkbox"/> Industrial Maintenance	<input type="checkbox"/> Welder/Fitter
	Other(s) _____	_____	_____
	Number of Apprentices: ____	Number of Apprentices: ____	Number of Apprentices: ____