

**KIRKWOOD COMMUNITY COLLEGE  
INDUSTRIAL NEW JOBS TRAINING PROGRAM  
(260E)  
APPLICATION**

**PART I – Company Background Information**

Legal Name of Company \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Length of Time in Business \_\_\_\_\_ State and Year of Incorporation \_\_\_\_\_

Highest level of employment **in the state of Iowa** in the last 6 months \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Contact Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Project Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Corporate Name/Address (if different from above) \_\_\_\_\_

Do you have multiple sites in the State of Iowa? Yes  No   
(If Yes, please list the addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the new jobs be located at more than one site? Yes  No   
(If Yes, please list which locations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II – Organizational Leadership Structure**

Attach List of Board of Directors/Key Officers of Company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III – Financial Information**

At this time, financial information is not required. However, should the company move to a final agreement, Kirkwood requires a review of the three most recent year's financial statements.

**PART IV – Product or Service Information**

Please describe the product or service your company provides or attach a brief history of the company. Include milestones and accomplishments that have occurred since its inception. Include a brochure or marketing piece from your company if one is available.

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**PART V – New Job Creation Projected**

Today's Date \_\_\_\_\_

The information in this section will be used to establish the financial projection for this program. You may breakdown the positions into line items (allowing for the most accurate projection) or give us one projection for all positions and an average hourly rate.

Number of new jobs \_\_\_\_\_ @ Hourly Rate or Salary \_\_\_\_\_ Position Title \_\_\_\_\_

Number of new jobs \_\_\_\_\_ @ Hourly Rate or Salary \_\_\_\_\_ Position Title \_\_\_\_\_

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Number of new jobs \_\_\_\_\_ @ Hourly Rate or Salary \_\_\_\_\_ Position Title \_\_\_\_\_

Start Hiring Date \_\_\_\_\_

End Hiring Date \_\_\_\_\_

**PART VI – Health Care**

Please indicate benefits provided by the company:

Health Insurance     Dental Insurance     Vision Insurance     Life Insurance

Short term and/or long term disability coverage     401(k) plan and/or pension

Signature \_\_\_\_\_

Please return to:

Stephanie Bredman  
Kirkwood Community College  
6301 Kirkwood Blvd SW  
PO Box 2068  
Cedar Rapids, IA 52406  
Phone 319-398-5580  
stephanie.bredman@kirkwood.edu

Tyler McCarville  
Kirkwood Community College  
6301 Kirkwood Blvd SW  
PO Box 2068  
Cedar Rapids, IA 52406  
Phone 319-398-7782  
tyler.mccarville@kirkwood.edu