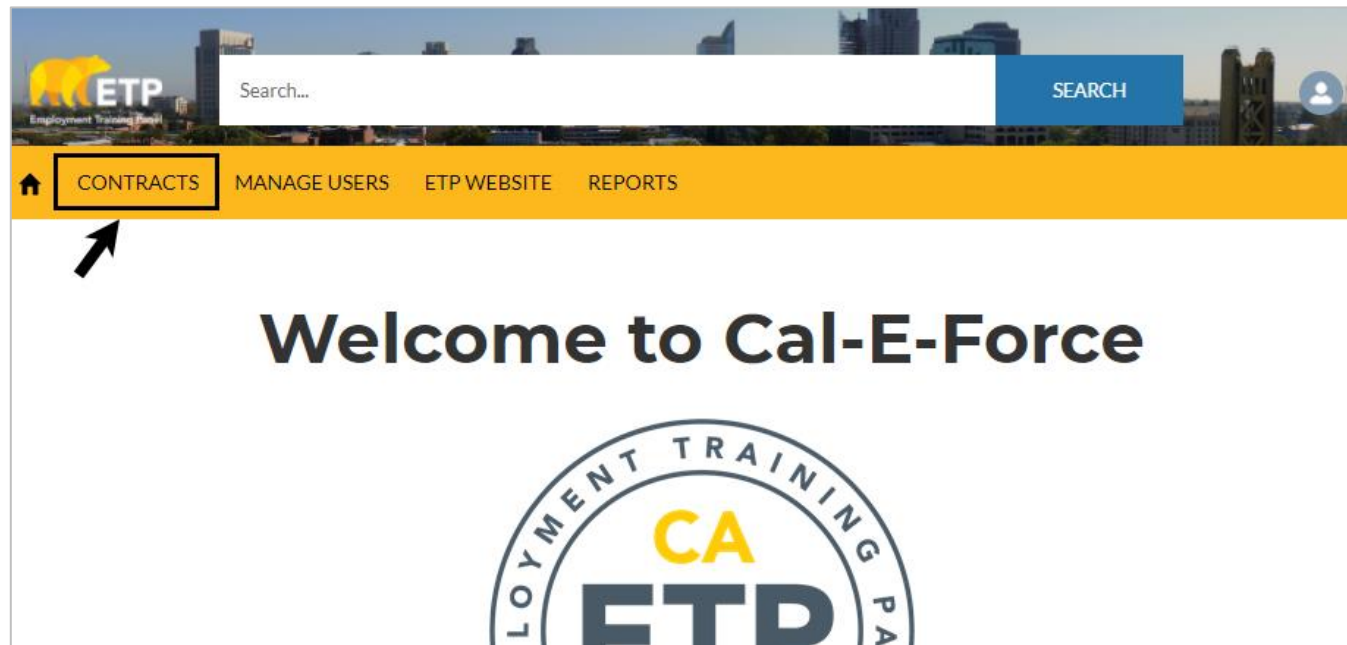
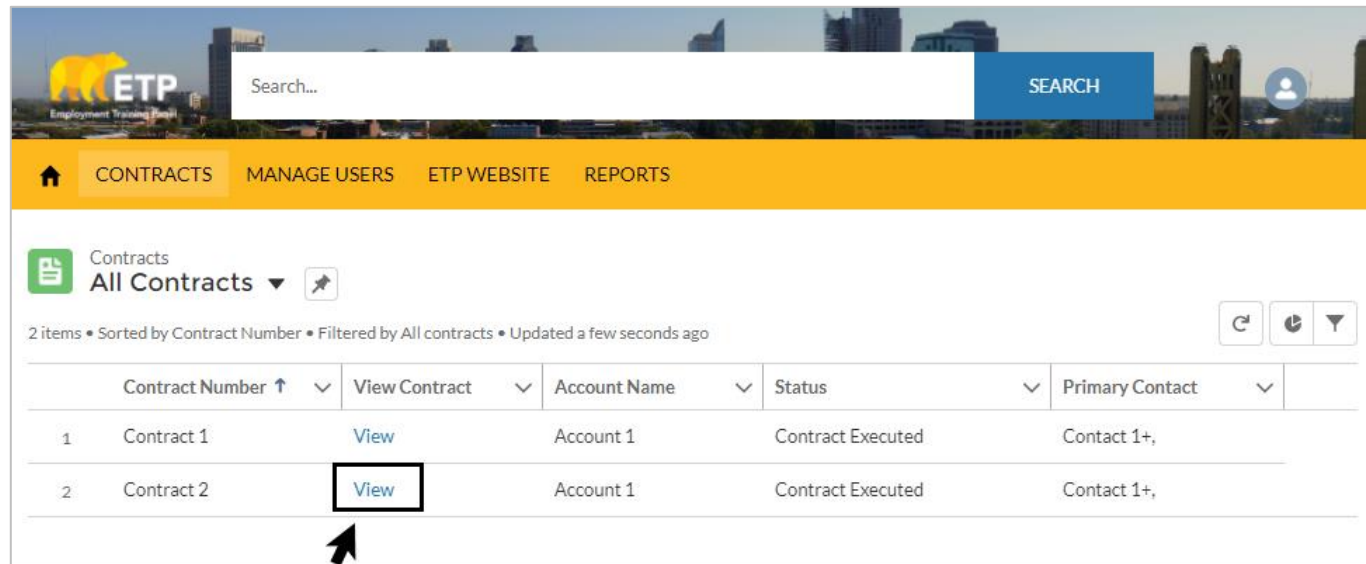


ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION

1. At the top of the landing page, select the **Contracts** button on the button bar




2. Click on the contract you would like to add a new participating employer certification to. The system will take you to your Contract Details page




ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION

3. Select the **New Certification** button on the button bar at the top of the Contract Details page

 **Contract**
Contract 2

Account Name	Status	Term Start Date	Term End Date
Account 1	Contract Executed		

[ENROLL TRAINEES](#) [UPLOAD TRAINEES](#) [ADD HOURS](#) [UPLOAD HOURS](#) [UPDATE ROSTERS](#) [CREATE INVOICE](#) [REQUEST REVISION](#) **[NEW CERTIFICATION](#)**



4. Enter the California Employer Account Number (CEAN) for the Participating Employer and click **Next** when complete


**Provide only the CEAN for the Employer requesting Certification, not for Payroll/PEO, etc.*

New Certification

Provide the California Employer Account Number (CEAN) for the Participating Employer.

CEAN#

Note: Provide the CEAN for the Employer requesting Certification (Do not submit CEAN for Payroll/PEO/etc)

 **Next**

ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION

5. Fill out the required information (marked with a red asterisk) on Page 1 of the New Participating Employer Certification form

**If the checkbox for a different Company Name is selected, a required field to enter the requesting Company Name will appear*

**If the PEO checkbox is selected, the next page will lead to a field for PEO name entry and PEO Agreement upload*

New Certification

CEAN #

- 000-0000

NAICS

- 311111

Employer of Record on File with EDD

- TestExample

☒ Check this box if Company Name is different from above.

* Company Name

☐ Check this box if Company Name is different from above.

DBA Name (If Applicable)

☒ Are you requesting to use a Professional Employer Organization/Payroll (PEO)?

* Street

1100 J Street

* City

Sacramento

* State

CA

* Zip

95814

* Enter PEO Name

Please Upload a copy of your PEO Agreement.

PEO Agreement

Upload Files

Or drop files

Previous

Next

* Number of Full-Time Employees Worldwide

* Number of Employees in California

ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION

6. When finished entering required information on Page 1, scroll to the **Compensatory Nature of Training** section and select the acceptance criteria suitable to you

7. Select **Next** to proceed to Page 2

8. On Page 2 of the New Participating Employer Certification Form, fill out the **Employee Turnover Information** section

**If turnover rate exceeds 20% a required reason field and upload button will appear*

Compensatory Nature of Training

Employer is aware of, and will abide by, the standards of compensating employees for time spent in "mandatory" training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manualat Section 46.6.5).

* Compensatory nature of training accepted

☐ Yes

☐ No

Previous

Next

New Certification

Employee Turnover Information

* Turnover Rate for Full-Time Employees

21

Turnover Waiver Request

Acceptable circumstances for a waiver are: (1) if an employer has experienced and provides evidence of a singular reduction in its workforce (an anomaly); or (2) industry data supports a higher rate. Multiple Employer Contracts do not include a Turnover Penalty clause. Multiple Employer Contracts do include a Representation that Participating Employers will not exceed a 20% Turnover Rate, as made by the contractor at the time the ETP100 MEC is executed. See Section 2.4.

* Turnover Request Reason

Singular Reduction in Workforce

Waiver Supporting Documents



Upload Files

Or drop files

ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION

9. Proceed to the next section on Page 2 labeled Union Support

If Yes is selected for **Employees to be trained represented by a Union, a required field will appear requesting to **Identify Union and Local***

Union Support

* Company Employees represented by a Union

- ☐ Yes
☐ No

* Employees to be trained represented by a Union

- ☒ Yes
☐ No

* Identify Union and Local



10. Continue on Page 2 of the form and fill out the required fields for **Justify Need for Training** and **Commitment to Training** sections

If Yes is selected for **Do you currently have a Training Program, a required field will appear in which to enter the needed explanation*

Justify Need for Training

* Briefly explain the nature of your business and describe your business' purpose for participating in this training program



Commitment to Training

* Do you currently have a Training Program?

- ☒ Yes
☐ No

Explain the following items in the "Explanations" field below:

1. Explain how the ETP training funds will not displace your company's existing resources for training.
2. Explain the types of training your company has provided in the past, whether the training was job-specific or organization wide.
3. Explain your company's current training efforts.
4. Explain your commitment to training company workers after the completion of ETP funded training.

* Explanations



11. Continue on Page 2 and complete the **Employer Contribution** section. All fields are required

**To select more than one contribution at a time, hold down the CTRL button while making your selections*

12. When finished with Page 2, click **Next** at the bottom of the page

Employer Contribution

* Describe your Company's Contribution towards training related expenses by selecting all that apply: ⓘ

Pay Trainee Wages During Training
Contribute equipment, materials, supplies, or space for Training
Contribute staff time to conduct training assessments or coordinate training
Pay Employer Fee
Other

* Estimate amount contributed to the above noted training-related costs:

* List the number of trainees that will be receiving mandatory training

* List the number of trainees that will be receiving voluntary training



Next

13. Page 3 will vary depending on the Contract Attributes (*CTP/AB118, Apprenticeship, CNA-LVN, Critical Proposal, Entrepreneurial, OSC, RESPOND/Drought*)

If the contract does not have one of the attributes above, a final confirmation page will appear (Image 1)

If the contract has one of the above attributes, it will bring you to a checkbox selection to confirm the attributes of the Participating Employer you are submitting for certification (Image 2)

1 New Participating Employer Certification

Your certification information has been submitted for review.

Finish or Continue

- ☐ Continue to Next Participating Employer
- ☐ Finish and Return to Contract

2 New Participating Employer Certification

Select the statements below which apply to the Participating Employer you are certifying:

- ☐ Participating Employer faces out of state competition
- ☐ Participating Employer is funded under Special Employment Training (SET)

NEXT

ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION


14. Click the checkbox next to any statements that apply and click **Next** to proceed to the supplemental questions if applicable

**If there are no supplemental questions required, it will take you to the confirmation page shown in Step 13*


New Participating Employer Certification

Select the statements below which apply to the Participating Employer you are certifying:

☒ Participating Employer faces out of state competition

 The North American Industry Code for the listed Participating Employer is not identified as facing Out of State Competition (OSC). Some additional questions will be displayed for completion on the next page.

☐ Participating Employer is in the Nursing/Medical Field

 **NEXT**

15. If Clean Transportation Program/AB118 (Image 1), RESPOND - Drought (Image 2), or Out of State Competition (Image 3) were selected in Step 14, supplemental questions will appear on this page

16. Enter the required information in the fields provided. Scroll to the bottom of the page and click **Next** to submit your certification

1

Clean Transportation Program

- Alternative and renew
- Renewable fuel prod
- High-performance an
- Automotive Compute
- Mass transit fleet con
- Other sectors or occu

Alternative Fuel is defined as: produce energy and power, gas, and hydrogen.

Describe how your company o you need to train your employ

List the occupations and/or ty

2

RESPOND - Drought

Project Target:

- Identify opportunities to re
- Avert layoffs by employers f
- Assist employers with trans

RESPOND will support training for

- Agricultural sector (includin
- Service Sectors providing as
- Water system operations an
- Emergency needs related to
- Hydro-power generation an
- Support for efforts to addre

Describe how your company operatio you need to train your employees:

List the occupations and/or types of j

Participating employers in an alter [RESPOND Guidelines](#)).

Please list counties where training wi

3

Out of State Competition

All companies retraining workers and who do not have a NAICS code identified under 22CCR Section 4416(i) MUST complete this Appendix to be reviewed for Out-of-State Competition

ONLY fill out the following section(s) that best match your company's California operations and, if possible, the function of trainees to participate in ETP-funded training. (NOTE: You may be asked for additional information or documentation to complete the determination of eligibility.)

1. Manufacturing or Related Industries: Complete Section 1
2. Significant Business Presence/Corporate Headquarters: Complete Section 2
3. Mortgage Banking Functions: Complete Section 3
4. Destination Resort, Convention/Conference Center, or Convention/Conference Hotel: Complete Section 4
5. Call Center / Telemarketing: Complete Section 5
6. Services Provider / Service Industry: Complete Section 6
7. For Companies who do not meet the profiles identified in items 1 - 6: Complete Section 7

Section 1
Manufacturing Related Industries

If your company's California operations including the trainees to participate in ETP-funded training are engaged in Manufacturing or related industries deemed by the Panel to meet out-of-state competition (see CCR 4416, Out-of-State Competition) complete the following:

Describe your primary business activities

Describe the primary raw materials or component parts used in your company's manufacturing process

ETP CAL-E-FORCE REFERENCE GUIDE – NEW PARTICIPATING EMPLOYER CERTIFICATION

17. The next page will be a confirmation page confirming indicating that your submitted certification information is either “Automatically Approved” or “Submitted for Review”

Your certification information has been automatically approved.

Finish or Continue

- ☐ Continue to Next Participating Employer
- ☐ Finish and Return to Contract

NEXT

Your certification information has been submitted for review.

Finish or Continue

- ☐ Continue to Next Participating Employer
- ☐ Finish and Return to Contract

NEXT