

Participating Employers in Retrainee Multiple Employer Contracts

Self-reported listing of potential employers participating in the contract

To the best of my knowledge, I hereby certify that all information provided, are true and accurate representations, and that all Participating Employers included on this document have been notified of their inclusion. By acknowledging below, I warrant, represent, and certify under penalty of perjury under the laws of the State of California, that I am competent and authorized to provide this Participating Employer Demand.

Contractor's Name:	CCG No.:
Reference No:	Page 1 of 6

ALPHABETIZE BY COMPANY NAME

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

**Participating Employers in Retrainee
Multiple Employer Contracts**

Self-reported listing of potential employers participating in the contract

To the best of my knowledge, I hereby certify that all information provided, are true and accurate representations, and that all Participating Employers included on this document have been notified of their inclusion. By acknowledging below, I warrant, represent, and certify under penalty of perjury under the laws of the State of California, that I am competent and authorized to provide this Participating Employer Demand.

Contractor's Name: _____ CCG No.: _____
Reference No: _____ Page 2 of 6

ALPHABETIZE BY COMPANY NAME

Company: _____
Address: _____
City, State, Zip: _____

Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:

Collective Bargaining Agreement(s): _____

Company: _____
Address: _____
City, State, Zip: _____

Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:

Collective Bargaining Agreement(s): _____

Company: _____
Address: _____
City, State, Zip: _____

Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:

Collective Bargaining Agreement(s): _____

Company: _____
Address: _____
City, State, Zip: _____

Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:

Collective Bargaining Agreement(s): _____

Participating Employers in Retrainee Multiple Employer Contracts

Self-reported listing of potential employers participating in the contract

To the best of my knowledge, I hereby certify that all information provided, are true and accurate representations, and that all Participating Employers included on this document have been notified of their inclusion. By acknowledging below, I warrant, represent, and certify under penalty of perjury under the laws of the State of California, that I am competent and authorized to provide this Participating Employer Demand.

Contractor's Name:	CCG No.:
Reference No:	Page 3 of 6

ALPHABETIZE BY COMPANY NAME

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Participating Employers in Retrainee Multiple Employer Contracts

Self-reported listing of potential employers participating in the contract

To the best of my knowledge, I hereby certify that all information provided, are true and accurate representations, and that all Participating Employers included on this document have been notified of their inclusion. By acknowledging below, I warrant, represent, and certify under penalty of perjury under the laws of the State of California, that I am competent and authorized to provide this Participating Employer Demand.

Contractor's Name:	CCG No.:
Reference No:	Page 4 of 6

ALPHABETIZE BY COMPANY NAME

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Participating Employers in Retrainee Multiple Employer Contracts

Self-reported listing of potential employers participating in the contract

To the best of my knowledge, I hereby certify that all information provided, are true and accurate representations, and that all Participating Employers included on this document have been notified of their inclusion. By acknowledging below, I warrant, represent, and certify under penalty of perjury under the laws of the State of California, that I am competent and authorized to provide this Participating Employer Demand.

Contractor's Name:	CCG No.:
Reference No:	Page 5 of 6

ALPHABETIZE BY COMPANY NAME

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Participating Employers in Retrainee Multiple Employer Contracts

Self-reported listing of potential employers participating in the contract

To the best of my knowledge, I hereby certify that all information provided, are true and accurate representations, and that all Participating Employers included on this document have been notified of their inclusion. By acknowledging below, I warrant, represent, and certify under penalty of perjury under the laws of the State of California, that I am competent and authorized to provide this Participating Employer Demand.

Contractor's Name:	CCG No.:
Reference No:	Page 6 of 6

ALPHABETIZE BY COMPANY NAME

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			

Company:			
Address:			
City, State, Zip:			
Employers Industry: (Select One)			Priority Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of full-time employees:	Worldwide:	California:	Estimated # of Trainees:
Collective Bargaining Agreement(s):			