

For Internal Use Only
LiLA Employer # _____
Date Received _____
Date Approved _____

EMPLOYER REGISTRATION

Please answer all questions. This information will be used to understand what types of businesses and organizations participate in the *LiLA* program and to evaluate the program's success.

BUSINESS INFORMATION

Name of business/organization: _____

Contact person (for *LiLA* program purposes): _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip code: _____

Work phone: _____ Email: _____

Best way to contact: Work Phone Email

Type of business (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture/Forestry | <input type="checkbox"/> Mining | <input type="checkbox"/> Education |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Information | <input type="checkbox"/> Health care |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Arts/Entertainment |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real estate | <input type="checkbox"/> Hospitality/Food services |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Professional services | <input type="checkbox"/> Public administration |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Management | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Administration/support | <input type="checkbox"/> Other services |

Does the business have more than one site/location? Yes No If yes, how many? _____

Current employee turnover rate: _____ Please describe how this rate is calculated: _____

Do employees belong to a labor union? Yes No

If yes, which one(s): _____

When do new hires become eligible for employee benefits?

- Immediately upon hire
- After 30 days of employment
- After 60 days of employment
- After 90 days of employment
- Other (please specify): _____

EDUCATION BENEFITS

Does the firm currently offer other education or training benefits to employees? Yes No

Type of benefit <i>(such as, tuition reimbursement, on-the-job training, seminars)</i>	Short description	Eligibility requirements	% of employees who used benefit in the last year

LiLA PROGRAM PARTICIPATION

Will all your employees be eligible to participate in the LiLA program? Yes No

If no, employees in which job classifications will be eligible to participate in the LiLA program?

How many employees will be eligible to participate in the LiLA Program? _____

Maximum annual amount your business will match to each employee LiLA account? _____*

(* Must meet or exceed minimum annual employee contribution of \$240)

Gender (by percentage) of Workforce:

_____ % Male
 _____ % Female
 Note: This must total 100%

Age (by percentage) of Workforce:

_____ % 25 and under
 _____ % 26-35
 _____ % 36-45
 _____ % 46-55
 _____ % over 55
 Note: This must total 100%

Race/Ethnicity (by percentage) of LiLA Eligible Workforce:

_____ % African American _____ % Hispanic/Latino _____ % Other
 _____ % Asian/Pacific Islander _____ % Native American _____ % Not Available
 _____ % Caucasian/White _____ % Multiracial
 Note: This must total 100%

Business's reasons for participating in LiLA project (please check all that apply):

- Improve recruitment
- Increase retention
- Increase organization efficiency
- Provide benefit to employees
- Improve workforce skills
- Improve morale
- Other _____

How are payroll deductions handled? Electronic Funds Transfer Manual Withdrawals Other

SIGNATURE

I represent that all information provided is true and accurate to the best of my knowledge. I have read the Washington State LiLA Guidelines and agree to abide by the policies and procedures contained in the guidelines. I authorize the Washington State LiLA Program to release public business information for program and evaluation purposes. I am duly authorized and empowered to sign on behalf of this business.

Signature _____

Date _____

Printed name _____

Title _____

Please continue to Questionnaire on following page.

INDUSTRY QUESTIONNAIRE

Completion of this questionnaire is optional. If you elect to answer the questions, your responses will be shared with your employees who are enrolling in the LiLA program to help them understand the workforce needs of your industry. This information will help your employees determine the type of education and training they may need. Please attach any additional information related to your business or industry you feel would help guide their decision making.

Name of Business: _____

What industry cluster best represents your business? (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture/Forestry | <input type="checkbox"/> Mining | <input type="checkbox"/> Education |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Information | <input type="checkbox"/> Health care |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Arts/Entertainment |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real estate | <input type="checkbox"/> Hospitality/Food services |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Professional services | <input type="checkbox"/> Public administration |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Management | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Administration/support | <input type="checkbox"/> Other services |

- 1) What technical skills are needed most in your industry?
- 2) In what type of jobs within your industry is there currently a shortage of skilled workers?
- 3) In the foreseeable future, what types of jobs within your industry will be in high-demand?
- 4) What types of employee education or training would be most valuable to your business?
- 5) What specific classes or areas of study would you recommend your employees take if they wish to advance their careers in your industry?