

FEJA CONTRACTOR TRAINING PROGRAM

Please complete and return application via fax or email to: **312-575-0544** or **outreach@haciaworks.org**

PLEASE PRINT

Company Name _____ Date Established _____

Type of Business Organization Sole Proprietorship _____ Partnership _____ Corporation _____

Contact Name _____ Business Phone (_____) _____ Fax (_____) _____

Mailing Address _____ City _____ State ____ Zip Code _____

E-Mail Address _____ Website _____

Where did you hear about the program _____

Names of Company Representative Participating in the Training Program: _____ Highest Level of Education Completed _____

Name _____ Check one:

Title _____ Cell Phone (_____) _____ 8th Grade or less Associate Degree

Email _____ 9th Grade Bachelor's Degree

Ethnicity/Race: _____ Gender: Male Female High School Master's Degree

_____ GED Doctoral Degree

_____ Some College None

Annual gross revenue for the last three years: 2017 \$ _____ 2016 \$ _____ 2015 \$ _____

Number of full-time employees _____ Number of part-time employees _____

Please provide below a brief description of your company's principal business activities:

What is your objective for taking this training?

Certifications, Designations: Is your company certified with or at these agencies (check all that apply).

MBE CERTIFICATIONS	EXPIRATION DATE	WBE CERTIFICATIONS	EXPIRATION DATE	MBE CERTIFICATIONS	EXPIRATION DATE
<input type="checkbox"/> City of Chicago	_____	<input type="checkbox"/> City of Chicago	_____	<input type="checkbox"/> SBA/8A	_____
<input type="checkbox"/> Cook County	_____	<input type="checkbox"/> Cook County	_____	<input type="checkbox"/> ILUCP/DBE	_____

- By signing this commitment you and your participant staff commit to the following:
1. Commit to attend at least 75% of the training hours & complete all assignments and projects.
 2. Commit to providing HACIA SEF & IWE project managers all documentation for the return on Investment measures required by ComEd.
 3. Commit to participating in the evaluation to be conducted by HACIA SEF & IWE after training is completed.

_____	_____
Print Name	Title
_____	_____
Signature	Date

* Space is limited per cohort. Proficiency in English is required to successfully complete the program. Filling out his application does not guarantee admittance. If approved, we will contact you via phone/email for an interview to complete enrollment process.