

Section D: COMPLIANCE OF EMPLOYEE LEASING COMPANY AS CO-APPLICANT

Complete this page **only** if your grant includes training leased employees. You may omit it if it is not applicable.

Employee Leasing Company Name:

Federal ID #

Street Address

Street Address Line 2

City

State

Zip Code

Phone Number

Web Site

Chief Executive/Owner

Company Contact

Contact Title

Contact Email

Contact Phone Number

Unique number of temporary employees to be trained:

The Employee Leasing Company (Co-Applicant) named above certifies the following:

The Employee Leasing Company pays the quarterly NH Unemployment Tax on wages of employees.

The Employee Leasing Company verifies that all employees receiving training funded by the Job Training Fund are residents of or employed in New Hampshire.

The Employee Leasing Company has I-9 citizenship documentation on file for all employees.

The Employee Leasing Company verifies that it is in compliance with all applicable Federal, State or Local laws and regulations.

The Employee Leasing Company certifies it is in compliance with the rules and regulations of the NH Department of Labor, NH Department of Employment Security, NH Department of Environmental Services, NH Department of Revenue Administration, and NH Department of Insurance.

SIGNATURE

DATE SIGNED