

Gateway Community College and The GREAT Center
Invites interested employers to learn more about our Workforce Training Programs

A. BUSINESS INFORMATION

Company Name _____	Industry _____
Address _____	
City _____	State _____ Zip _____
Email _____	Phone _____
Contact _____	Title _____
Briefly describe your company's needs	

B. HOW WE CAN HELP YOU?

1. Please indicate which of the following you're interested in, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Full time employee
<input type="checkbox"/> Part time employee
<input type="checkbox"/> Internship (2-4 week duration) – Non Paid
<input type="checkbox"/> Training/Certification for my current employees | <input type="checkbox"/> Apprenticeship
<input type="checkbox"/> Step-Up eligible (wage subsidy from CT DOL)
<input type="checkbox"/> New Haven Works eligible |
|--|--|

2. Please indicate desired employee certifications, check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> A+ CompTIA Certification
<input type="checkbox"/> American Academy of Professional Coders (AAPC)
<input type="checkbox"/> Bookkeeping National Certification
<input type="checkbox"/> CNA State License
<input type="checkbox"/> Certificate Patient Account Technician (CPAT)
<input type="checkbox"/> Equipment & Engine Training Council (EETC)
<input type="checkbox"/> EKG National License
<input type="checkbox"/> Emergency Medical Technician
<input type="checkbox"/> ISO 9001:2008 Introduction
<input type="checkbox"/> Leadership Training
<input type="checkbox"/> Manage First Customer Service (NRAEF) | <input type="checkbox"/> Network+ Certification
<input type="checkbox"/> NABCEP Entry-Level PV
<input type="checkbox"/> OSHA 30 Card
<input type="checkbox"/> Patient Care Technician National License
<input type="checkbox"/> Pharmacy Tech Certification Board Exam
<input type="checkbox"/> Phlebotomy National License
<input type="checkbox"/> Professional Server/ Front of the House Course
<input type="checkbox"/> ServSafe Alcohol
<input type="checkbox"/> ServSafe Food Safety
<input type="checkbox"/> Other (describe below) |
|---|--|

How you hear about us?	Tell us about other services you need and how we can best serve you:
------------------------	--

Tell us if you are willing to teach <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe subject matter expertise:
--	------------------------------------