Workforce Pell Employer Validation Form

Program Information

Workforce Pell-eligible provider name: _____

Program name: _____

Employer Information

Employer/business name: _____

Employer location (City, County): _____

Contact name: _____ Email:_____ Phone:_____

Type of validator:

- ❑ Individual employer
- ❑ Employer representative or intermediary acting on behalf of a group (e.g., industry association, advisory board, or sector partnership)
  - Name of group represented: _____
  - Number of employers represented (if known): _____
  - Geographic area represented: _____
- ❑ Other (please specify): _____

Industry sector(s) represented: _____

Employer size, if individual employer (number of employees):

- ○ 1–49
- ○ 50–249
- ○ 250+

Required Employer Attestation

By completing this form, the employer or representative attests to the following:

1. Alignment of Competencies and Credentials

The employer or representative has reviewed the competencies and credential(s) students are expected to gain from this program and determined that they are aligned with the competencies and credential(s) required for employment in the relevant occupation(s).

- ○ Yes
- ○ No

2. Hiring Need and Program Completer Relevance

The employer or represented employers confirm a current or anticipated hiring need for the relevant occupation(s). The employer or represented employers would consider hiring qualified completers from this program for future relevant employment opportunities.

- ○ Yes
- ○ No

Supporting Evidence (Optional but Recommended)

The employer or representative may provide additional information to support this attestation. Supporting evidence is not required for the form to be considered valid, but may be considered by the SWDB in evaluating the strength of employer validation.

- ☐ Employer has interviewed or hired completers of this program within the past year.
- ☐ Employer intends to consider hiring completers of this program within the next year.
- ☐ Employer has reviewed the program curriculum.
- ☐ Employer has provided input into curriculum design or program development.
- ☐ Employer participates in advisory boards or other program governance.
- ☐ Employer offers work-based learning opportunities such as internships, apprenticeships, job shadowing, or on-the-job training.

Attestation Statement

By signing this form, the employer or representative certifies that:

- The information provided is accurate to the best of their knowledge;
- The program competencies align with workforce needs in the identified occupation(s); and
- There is current or anticipated hiring demand within the relevant industry sector, and program completers will be considered for employment opportunities.

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Organization: _____