



## APPLICATION - TECHNICAL ASSISTANCE COURSE

1. Person Completing Form: \_\_\_\_\_
- Title: \_\_\_\_\_ Email Address: \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
(full name as registered with the State of Ohio including commas, etc.)
3. Company Address: \_\_\_\_\_
- |                |          |       |        |
|----------------|----------|-------|--------|
| Street Address | P.O. Box |       |        |
| _____          | _____    |       |        |
| City           | State    | Zip   | County |
| _____          | _____    | _____ | _____  |
4. Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_
5. Company website: \_\_\_\_\_
6. Type of Industry (e.g., construction, manufacturing, service, retail, food service, government): \_\_\_\_\_
7. Is there another company(ies) (i.e., a sister/affiliate company) that you associate with that share(s) either:
- a) Some or all of the same ownership? ☐ Yes ☐ No
- b) Some or all of the same management? ☐ Yes ☐ No
- c) Some or all of the same services (like payroll, HR, etc.)? ☐ Yes ☐ No
- If yes, how many? \_\_\_\_\_
8. Do you regularly perform work outside Ohio? ☐ Yes ☐ No
9. # of full-time employees: \_\_\_\_\_ # of part-time employees: \_\_\_\_\_
10. Do you have unionized employees? ☐ Yes ☐ No
11. Regarding your workers' compensation coverage, are you: ☐ Self-Insured OR ☐ State-Funded
12. Are you or will you be enrolling in the BWC Drug-Free Safety Program (DFSP)?
- ☐ Yes, we are currently enrolled ☐ Yes, we are planning to enroll ☐ No ☐ Not sure
13. Do you receive any federal grants or perform \$100,000 worth of work/year for the federal government?
- ☐ Yes ☐ No ☐ Not sure



14. Do you have employees mandated for drug and alcohol testing under ANY DOT administration? (e.g., FAA, FMCSA, PHMSA)

☐ Yes ☐ No ☐ Not sure

15. Do you currently have a drug-free workplace policy? ☐ Yes ☐ No ☐ Not sure  
(If yes, please attach.)

16. Do you currently drug test applicants or current employees? ☐ Yes ☐ No ☐ Not sure

17. Following an employee's first positive alcohol or drug test, you believe in (check one):

☐ Termination ☐ Assistance and return-to-work ☐ Not sure

18. Please check all that apply:

- ☐ We have at least one company decision-maker who can attend both days of the course.
- ☐ We are willing to allow our business name and images to be used in promotional materials.
- ☐ The owners and/or upper management of our company are supportive of our participation in the Technical Assistance Course.

Thank you for your interest in the Technical Assistance Course.

Please scan and email your completed application and drug-free workplace policy (if you have one)  
to Katie Lemke at [KLemke@WorkingPartners.com](mailto:KLemke@WorkingPartners.com)

You will be notified about your application status prior to the start date.  
If accepted, additional information will be requested.