Employer Data Form, ETA-9105
National Emergency Grant Electronic Application System

Company/ Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
					Closure:

Dates(s) of Rapid Response Actions	Number of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: Contact with Workers:			Date Filed: Number of Workers Covered: Not Applicable:		

Type of Business:	Two-Digit NAIC Code: