



On-The-Job Training (OJT) – APPLICATION

BUSINESS INFORMATION	COMPANY NAME		ADDRESS		CITY	
	Indicate total number of years in business: _____				Years in business at the above address: _____	
	STATE	ZIP	CONTACT NAME & TITLE		PHONE NUMBER	
	TAX ID NO.		WORKER'S COMP. NO.		UNEMPLOYMENT COMP. NO.	
	MAIN LOCATION ADDRESS				STATE	ZIP
	Total number of employees: _____		No. of full time: _____		No. of part time: _____	
					No. laid off: _____	
	DO YOU HAVE A UNION? <input type="checkbox"/> NO <input type="checkbox"/> YES	UNION NAME		UNION REPRESENTATIVE		
	This business has previously had an OJT contract: <input type="checkbox"/> NO <input type="checkbox"/> YES, Contract year: _____					
	STATUS OF PAST OJT TRAINEES			Proposed short-term training length: _____		

Please check the appropriate boxes below. *NOTE:* Answering “no” to any of the following questions will automatically disqualify an employer from OJT consideration. Does your business have or offer:

- | | | |
|--|------------------------------|-----------------------------|
| A written Equal Opportunity Policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A written Disciplinary and Termination Policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A system for recording time worked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The proper deductions taken from pay? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A payroll system that can be audited? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Pre-Award Survey

Relocation: No Workforce Investment Act (WIA) funds can be used for the relocation of an established business or part thereof, resulting in the loss of employment at the original location. This policy is in place and in force for 120 days after the commencement of an establishment’s relocation.

The Employer _____ certifies that the company is not relocating employment from one area to another resulting in the loss of employment at the original location. The Employer certifies that the company operates under the following names:

- 1) _____
- 2) _____
- 3) _____

The Employer certifies that the official completing this form is authorized to do so, and all information provided is correct as of this date.

Name (typed): _____, Title: _____

Signature _____, Date Signed: _____

THIS SECTION FOR EMPLOYMENT CONNECTION USE ONLY

I have reviewed the Employers ability to meet WIA requirements, and find that the business:

DOES **DOES NOT** meet the standards for On-the-Job Training Contracts.

_____, Date Signed: _____

BUSINESS SERVICE REPRESENTATIVE

