

Step 1 & 2 F

Workforce Initiative Association

On-the-Job Training (OJT) Employer Information Form

On-the-Job Training is a training option for eligible WIA clients and employers. Employers commit to hire an unemployed trainee at the end of a successful training period. OJT is for full-time permanent positions. Employers are reimbursed up to 50% of the trainees wage for providing training.

The Workforce Initiative (WIA) coordinates this program locally through a simple 5 (five) step process. To begin, complete steps 1 & 2 below. Forms will be sent electronically.

If you want to take advantage of this training program the participant cannot start work until all 5 steps are completed.

Step 1. Employer Qualification

1. Is the business owner or the trainee's direct supervisor a member of the trainee's immediate family? (wife, husband, son, daughter, mother, father, sister, brother, in-laws, stepparent or stepchild, or significant other.) Yes No
2. Is the OJT position(s) starting hourly rate below \$10.00 per hour? Yes No
3. Will the position(s) considered for an OJT be filled by "independent contractors" or individuals not employed by your Company? Yes No
4. Is the OJT position(s) paid solely based on commission, tips, piece work or incentives? Yes No
5. Does this position offer less than 32 hours per week? Yes No
6. Is this job expected to last less than a year in the normal course of business? Yes No
7. Has the trainee (employee) already started working for your company? Yes No
8. Will the OJT position(s) be part of a staffing or hiring agency contract? Yes No

A "yes" answer to any of the above disqualifies you from this program. Do not go on to Step 2. Contact the representative that provided this form for referral to additional resources.

Step 2. Employer Information

Company Name:		County:
Address:		
Contact Person:	Phone:	
Title:	E-mail:	
FAX:	FEIN:	
Name/Address of Parent Company:		
Trainees Worksite Address:		
Under what other names do you do business:		

Organization Type:

Private For-Profit
 Private Non-Profit
 Public For-Profit
 Public Non-Profit
 County Agency
 Federal Agency
 State Agency
 General Provider

How many are you expecting to hire in the next year on this On-the-Job Training Contract?

List the Job Title(s): _____

1. How long have you been in business in this area? years

2. What is your chief product or service? _____

What is your NAICS Code? If not known, search for NAICS codes at the following website link:
<http://www.census.gov/eos/www/naics/>

3. How many employees do you have? Part Time? _____ Full Time? _____

4. Do you have a payroll system that records all pay checks and amounts? Yes No

Can the WIA verify wage payments quickly onsite? Yes No

If no to either, how will wages be verified for OJT payments?

5. Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions?
 Yes No Within how many years?

6. Are any employees currently on layoff? Yes No

What is the job classification(s) of employees currently on layoff?

7. Over the last two (2) years, what percentage of previous OJT trainees have completed training and been retained by your firm? (Funded by WIA or any other funding source)

(a) Number of trained employees retained

(b) Divided by Number of OJTs (c) Equals the percent retained %.

If the retention percentage is below 75%, what improvements are planned?

Has your company relocated or expanded from another area in the U.S. within the last 120 days, with a resulting loss of employment at the original location? Yes No

If yes:

a. List facility location(s) where you are seeking or have received WIA or Trade assistance for job losses.

b. List facility locations where you have filed WARN notices in the past six (6) months.

c. Provide the date that production of goods or services began at the new location:

8. Is the business being sold, closed, relocated or merging with another company? Yes No

9. Comments:

Training Position Information

Training Position(s): _____

The information below is true for all positions listed above. If the information below will be different for a specific position, fill out a separate "Training Position Information" form for that position.

1. Wage per Hour, per position: _____

2. Is any part of this job at any time based upon commissions, tips, piecework, or incentives? Yes No

If yes: Is there a base wage: Yes No If yes, what is the base wage per hour? _____

Further explanation: _____

3. Which fringe benefits are provided to your employees for this position?

Medical Dental Vision
 Other (describe): _____ None

When will these benefits be made available to the OJT trainee(s)? _____

4. What are your turnover percents, patterns and causes for this OJT position(s)? _____

5. Do you have sufficient equipment and supervisory time and expertise to provide necessary training? Yes No

6. Will any training be provided by a third party during the OJT contract period? Yes No

If yes, list institution name and specify training: _____

7. Will the OJT position(s) be covered under workers compensation? Yes No Carrier #: _____

8. Are any of these jobs covered by a collective bargaining agreement? Yes No

If so, obtain and attach a "concurrence letter" from the union(s).

9. Has your Company applied for or received any other State or Federal grants covering these same OJT positions / training? Yes No Describe:

I certify that the above information is, to the best of my knowledge, true and correct:

Company:	Local Workforce Agency: Workforce Initiative Association
Employer Authorized Representative Date:	Recruiter BSU Manager Date Reviewed
Comments:	

Form Directions: E-mail to: khaer@omjwork.com