



Allen County

On-The-Job Training Employer Information Form

Date _____

Name of Firm _____ DBA _____

Address _____ City _____ State _____ ZIP _____

Contact Person _____ Phone _____ FAX _____

E-Mail _____

IRS Federal ID# _____ Unemployment Insurance # _____

Type of Organization Public _____ Proprietorship _____ Partnership _____ Corporation _____

Private Non-profit _____ Other _____

Are you an Equal Opportunity Employer? Yes _____ No _____

How long have you been in business in this area? _____ years

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/cgi-bin/epcd/srchnaics02defs>

How many employees do you have? _____ Full-time _____ Part-time

Number of employees on lay-off? _____

Are employees on lay-off in the proposed hiring categories? _____ Yes _____ No

What job titles/job descriptions will need to be filled? (Attach job descriptions, if available)

Are jobs expected to last a year or more in the normal course of business? _____ Yes _____ No

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)

Are any workers currently on strike or lockout or lay-off? _____ Yes _____ No

Do you use a staffing agency? _____ Yes _____ No If so, which one? _____

Describe the relationship: _____

Is the pay of any job based upon commissions, tips, piecework or incentives? _____ Yes _____ No

If so, please explain: _____

What fringe benefits are provided to regular employees? _____

When are benefits made available to employees? _____

Assurances and Compliance Items

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

Can the local workforce agency verify wage payments quickly onsite? ____ Yes ____ No

If not to either, how will wages be verified for OJT payments? _____

What is your Workers' Compensation carrier (or an equivalent system)? _____

Will OJT trainees be covered? ____ Yes ____ No

Are any of the jobs considered for an OJT to be filled by "independent contractors" or individuals not employed by your firm during the entire training period? ____ Yes ____ No

Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions? ____ Yes ____ No If so, within how many years? _____

Has your company relocated from another area in the U.S. within the last 120 days, leaving any workers behind? ____ Yes ____ No

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

Employer:	Local Workforce Agency:
Authorized Signature _____ Date _____	Authorized Signature _____ Date _____
Print Name and Title _____	Print Name and Title _____
Staffing Agency (if applicable): _____	Reviewed By: _____
Authorized Signature (if applicable): _____ Date _____	Authorized Signature _____ Date _____
Print Name and Title (if applicable): _____	Print Name and Title _____

