



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? _____

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 estimated turnover rate? _____

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

OJT cannot be used to hire a relative (by blood, marriage, or adoption) or a relative of the owner of an employer, the employer's administrative staff, or staff that that will be directly or indirectly supervising the trainee _____. (Employer Initials)

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 _____

