



## 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?

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