



On-The-Job Training Program
Employer Application

Date: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Are all records maintained at the above address: Yes ____ No ____

If no, please provide the address: _____

Indicate all representative (s) authorized to sign a binding contract/agreement and/or invoice documents:

<u>Authorized Representative</u>	<u>Job Title</u>

Federal Employer Number (FEIN)(9 digits) _____

Unemployment Insurance Contribution Number _____

If exempt or not available please explain _____

If applied for, please specify date _____

Worker's Compensation: Insurance Company's Name _____

Policy # _____ Term _____

Are you enrolled in the E-Verify Federal Work-authorization program? Yes ____ No ____

If yes, attach documentation.

Type of Business: Corporation ____ Sole Proprietor ____ Public Agency ____ Not-for-Profit ____

Briefly describe your company, the type of service or products. Please attach a copy of any brochure available describing your company, products or services.

Year Established _____ Total number of employees _____

Has your business ever relocated? Yes ____ No ____

If relocated, from where? _____

Is your company currently under a lay-off, hiring freeze, or hourly reduction? Yes ____ No ____

Indicate approximate percentage of:

Turnover per year _____ Layoffs per year _____

Are there any seasonal positions? Yes ____ No ____

How many shifts does your company operate? _____

What are the hiring practices in general for your company?

How does your company recruit new employees?

Is your company affiliated with a Labor Union? Yes ___ No ___
 If yes, please list union involved: _____ Local Number: _____
 Contract Name: _____ Telephone #: _____
 If yes, does a collective bargaining agreement exist? Yes ___ No ___

What is/are the current job opening(s)?
 Job Title: _____ Hourly Rate of Pay _____
 Job Title: _____ Hourly Rate of Pay _____
 Job Title: _____ Hourly Rate of Pay _____

Describe your ability to train new employees:

Do you consider the skills obtained from training with your company transferable to other industries in our area? Yes ___ No ___
 If yes, please list those skills and industries.

List company benefits: (describe or attach copy of personnel policies which describe all benefits)

Indicate payroll frequency: Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly ___
 Describe your pay policies (hourly, salary, any special deductions, uniform charges, etc.)

Do your personnel files and system include:

Employee Name and Address?	Yes ___	No ___
Job Classification?	Yes ___	No ___
Employee's current rate of pay?	Yes ___	No ___
Employee's signed W-4?	Yes ___	No ___
Date employment began and termination date?	Yes ___	No ___
Written job description?	Yes ___	No ___
Do you provide your employees with periodic performance evaluations?	Yes ___	No ___
Do your files include copies of all W-2's issued for company employees?	Yes ___	No ___
Would you be willing to substantiate and certify that any fringe benefits provided to your regular employees in the same job classification would be provided to a WIA OJT participant?	Yes ___	No ___
Would your company certify that wages are paid in accordance with the laws governing minimum wage, U.S. Department of Labor, Fair Labor Standards Amendments of 1989?	Yes ___	No ___
Does your company's payroll records include filed copies of employer's Quarterly Federal Tax Refunds, IRS Form 941, Federal Tax Deposit payments and Employer's Report of Income Taxes withheld NO 941?	Yes ___	No ___
Does your company maintain written procedures for processing complaints/grievances filed by all employees?	Yes ___	No ___
Are said procedures distributed to all employees at the time of employment?	Yes ___	No ___

The following information is provided to inform you of some of the requirements for employers choosing to participate in the On-the-Job Training Program.

All employers/contractors must agree to submit to the Workforce Investment Act Program Operator invoices for reimbursement on the proper forms as provided. These forms must be submitted monthly within 10 days following the end of each full calendar month. Invoices shall reflect monthly activity for the term of the contract. Payments will be processed after validation that the following required documentation and/or certification have been provided and attached to each respective invoice as follows:

Certification (form provided) by the employer that employee was not employed prior to the beginning of the OJT contract. (Submitted with first invoice only.)

A copy of the employer's payroll register, pay record, or check stub which shows computation of the gross wages and net wages paid.

All employers/contractors must agree to maintain on site at the worksite the following:

Certification by employer that employee was not employed in the training position prior to the beginning of the OJT contract.

A copy of the employer's payroll register, pay record, or check stub, which shows computation of the gross wages and net wages paid.

A copy of the employee's timesheet or time card showing daily hours worked which both the employee and the immediate supervisor must sign.

All employers/contractors must agree to not pay On-the-Job participants in cash.

All employers must agree that any site where any phase of activities contracted hereunder are being conducted, and all records relating to activities covered by an On-the-Job Training Agreement shall be fully available and accessible, upon request, during normal business hours and as often as deemed necessary by City, State, and Federal duly authorized representative(s), for purposes to include monitoring, reviewing, verification, and/or investigation. This shall include authorization to make excerpts or transcripts from all applicable records.

All information obtained on this application or during monitoring will be kept in the strictest confidence.

Disclaimer: All payments to employers for On-the-Job Training Agreements are in compensation for the costs associated with the lowest productivity of such an employee. The completion of this application and the signatures hereon in no way guarantees or attempts to obligate Workforce Investment Act funds and/or guarantees the employer participation in the South Central Region, On-the-Job Training Program.

Your signature below will indicate your willingness to participate in the On-the-Job Program.

Authorized Representative: _____

Job Title: _____ Date: _____

Equal Opportunity Program Auxiliary aids and services are available upon request to individuals with disabilities. Alternate formats for non-English speaking individuals available upon request.