



**Workforce Development
On the Job Training 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:

Authorized Representative

Job Title

Federal Employer Identification Number (FEIN, 9 digits) _____

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.

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 _____

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:

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

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

All employers/contractors must agree to submit 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 has been provided and attached to each respective invoice as follows:

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:

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 signed by the employee and his/her immediate supervisor.

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 here under 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 the South Central Workforce Investment Board funds and/or guarantees the employer participation in the On-the-Job Training Program.

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

Authorized Representative:

Job Title: _____ Date: _____
