

## On-the-Job Training Employer Checklist

### Information Items

1. Business Name, Address and Contact Information (a business card may be attached)

Name:

Address:

Contact Name:

Telephone:

Fax:

Email:

2. How long have you been in business in this area?  
Is the business being sold or merging with another company?  Yes  No
3. What is your chief product or service?
4. How many full-time employees do you have?  
How many new hires do you anticipate making in the next two (2) years?  
What job titles/job descriptions will need to be filled? (attach job descriptions if available)
5. Do you use a staffing agency?  Yes  No  
If so, provide the name(s)
6. Are jobs expected to last a year or more in the normal course of business?  Yes  No
7. What skills will your current workers and new hires acquire or need to acquire to be fully productive over the next few years?
8. Do you have sufficient equipment, materials and supervisory time and expertise to provide necessary training?  Yes  No
9. What are your turnover patterns and causes and could we do anything to help lower turnover?
10. What licenses or entry qualifications do your workers need? (an attach job description may suffice)
11. How many hours per week are Trainees expected to work?  
What are the expected shift times and days?
12. Do any jobs pay based upon commissions, tips, piece work or incentives?  Yes  No  
If so, what entry earnings may be expected for each job?
13. Which fringe benefits are provided to regular employees?  
At what point are the benefits made available?

### Assurances and Compliance Items

14. Do you have a payroll system which records all pay checks and amounts?  Yes  No  
Can Workforce Development verify wage payments quickly onsite?  Yes  No

15. What is your Worker’s Compensation carrier (or an equivalent system)?  
 Are all employees covered?  Yes     No  
 If no, please discuss.
  
16. Are any of the jobs considered for an OJT “independent contractors” or not employed by your firm or a staffing agency during the entire training period?  Yes                     No
  
17. 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).
  
18. Are any employees on layoff currently?  Yes                     No  
 If so, an OJT may not be written for the same or similar jobs.
  
19. Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions?  Yes                     No
  
20. Has your company relocated from another area of the U.S. within the last 120 days, leaving any workers behind?  Yes                     No  
 If so, OJTs may not be written.
  
21. What percentage of previous Workforce Development Trainees, over the last two (2) years, have completed training and been retained in employment by your company?  
 Number of OJTs:                    Number of employees retained:                    Percentage retained                    %  
 If the retention percentage is below 75%, what improvements are planned?

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

<b>FOR THE EMPLOYER</b>		<b>FOR WORKFORCE DEVELOPMENT</b>	
Authorized Signature:	Date:	Authorized Signature:	Date:
Printed Name and Title:		Printed Name and Title:	
		Rachael C. Angel, Assistant WIA Director	