

On-the-Job Training Employer Checklist

Informational Items

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

Name: _____

Address: _____

Contact Name: _____

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? _____

What is your NAICS Code? _____

(Go to <http://www.census.gov/epcd/www/naics.html> to search for NAICS codes if company does not know)

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 yes, which one? _____

Please describe the relationship:

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 need to acquire to be fully productive?:

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 attached job description may suffice)

11. How many hours per week are Trainees expected to work? _____

What are the expected shift times/days? _____

12. Do any jobs pay based upon commissions, tips, piece work or incentives? Yes No

Is there a base wage that commissions, tips, piece work or incentive pay is added to? Yes No

If yes to either of the above, what entry earnings may be expected for each job? _____

13. Which fringe benefits are provided to regular employees? _____

When are these benefits made available? _____

Assurances & Compliance Items

14. Do you have a payroll system which records all pay checks and amount? Yes No
Can you verify wage payments quickly on-site? Yes No
If no to either, how will wages be verified for OJT payment?

15. What is your Worker's Compensation carrier (or equivalent system)? _____
Will OJT Trainees be covered? Yes No

16. Are any of the jobs considered for an OJT "independent contractors" or not employed by your firm during the entire training period? Yes No

17. Are any of these jobs covered by a collective bargaining unit? Yes No
If yes, obtain and attach a "concurrence letter" from the union(s).

18. Are any employees on lay-off currently? Yes No

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 in the U.S. within the last 120 days, leaving any workers behind? Yes No

21. What percentage of previous Trainees, over the last two (2) years, have completed training and been retained by your firm? Number of OJTs _____ Number retained _____ %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:

Employer's Authorized Representative Signature

Approved by: CCJFS Signature

Print Name & Title

Print Name & Title