

**On-the-Job Training Employer Checklist**

Informational Items

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

How long have you been in business in this area? \_\_\_\_\_

Is the business being sold or merging with another company? \_\_\_\_ Yes \_\_\_\_ No

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)

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):

\_\_\_\_\_

Do you use a staffing agency? \_\_\_\_ Yes \_\_\_\_ No If yes, which one? \_\_\_\_\_

Please describe the relationship:

\_\_\_\_\_

Are jobs expected to last a year or more in the normal course of business? \_\_\_\_ Yes \_\_\_\_ No

What skills will your current workers and new hires need to acquire to be fully productive?:

\_\_\_\_\_

Do you have sufficient equipment, materials, and supervisory time and expertise to provide necessary training?

\_\_\_\_ Yes \_\_\_\_ No

What are your turnover patterns and causes and could we do anything to help lower turnover?

\_\_\_\_\_

What licenses or entry qualifications do your workers need? (an attached job description may suffice)

\_\_\_\_\_

How many hours per week are Trainees expected to work? \_\_\_\_\_

What are the expected shift times/days? \_\_\_\_\_

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? \_\_\_\_\_

Which fringe benefits are provided to regular employees? \_\_\_\_\_

When are these benefits made available? \_\_\_\_\_

Assurances & Compliance Items

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?

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What is your Worker's Compensation carrier (or equivalent system)?

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Will OJT Trainees be covered?  Yes  No

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

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).

Are any employees on lay-off currently?  Yes  No

Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions?  Yes  No

Has your company relocated from another area in the U.S. within the last 120 days, leaving any workers behind?  Yes  No

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

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

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Employer's Authorized Representative Signature

\_\_\_\_\_  
Approved by: CCJFS Signature

\_\_\_\_\_  
Print Name & Title