

*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:

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/eos/www/naics/> to search for NAICS code 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 so, 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 and 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?

Medical benefits

- Company:
- Policy Number:
- Individual premium:
- Family premium:
- When are medical benefits available?

Assurances and Compliance Items

- 14. Do you have a payroll system which records all paychecks and amounts? Yes No
Can you verify wage payments quickly onsite? Yes No
If no to either, how will wages be verified for OJT payment?
FEIN Number
- 15. What is your Workers' Compensation carrier (or an 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 agreement? Yes No
If so, obtain and attach a "concurrence letter" from the union(s).
- 18. Are any employees on layoff 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 OJT's; Number of employees retained; % retained.
If the retention percentage is below 75%, what improvements are planned?

Next Review Date (2 years): _____