

Portsmouth Ready, Set, Grow! On-the-Job-Training Pre-Agreement Review Summary

EMPLOYER: _____

ADDRESS: _____

PRIMARY CONTACT: _____ JOB TITLE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

TRAINING SITE ADDRESS (IF DIFFERENT): _____

YEAR COMPANY WAS ESTABLISHED: _____ YEAR TRAINING SITE WAS
ESTABLISHED (IF DIFFERENT): _____

TOTAL COMPANY EMPLOYEES: _____

FEIN/ IRS IDENTIFICATION NUMBER: _____

PRIMARY BUSINESS/PRODUCT (S): _____

1. DOES THE EMPLOYER HAVE THE CAPACITY AND RESOURCES TO
PROVIDE THE OJT TRAINING? ___ YES ___ NO

2. DOES THE EMPLOYER HAVE AN ADEQUATE SYSTEM IN PLACE TO ACCURATELY
TRACK AND REPORT PARTICIPANT TIME AND ATTENDANCE? ___ YES ___ NO
IF NO, EXPLAIN HOW IT WILL BE TRACKED AND REPORTED: _____

On-the-Job Training (OJT) Program

3. DOES THE EMPLOYER CURRENTLY HAVE ALL REQUISITE BUSINESS LICENSING AND
CERTIFICATION REQUIREMENTS NECESSARY FOR THE OPERATION OF
THE BUSINESS? ___ YES (attach documentation) IF NO, EXPLAIN: _____

4. IS THE EMPLOYER CURRENTLY LISTED ON ANY FEDERAL, STATE OR LOCAL
DEBARMENT LIST? ___ YES ___ NO IF YES, EXPLAIN: _____

5. DOES THE EMPLOYER CURRENTLY HAVE WORKER'S COMPENSATION INSURANCE OR
EQUIVALENT ON-SITE MEDICAL AND ACCIDENT INSURANCE TO COVER THE OJT

PARTICIPANT(S)? YES NO IF YES, PROVIDE THE CARRIER, POLICY NUMBER AND EXPIRATION DATE: _____

6. DOES THE EMPLOYER HAVE ADEQUATE FINANCIAL RESOURCES TO RETAIN THE OJT PARTICIPANT(S) UPON THE SUCCESSFUL COMPLETION OF TRAINING? YES NO

7. HAS THE EMPLOYER HAD ANY OCCUPATIONAL SAFETY OVERSIGHT AGENCY VIOLATIONS IN THE LAST TWENTY-FOUR (24) MONTHS? YES NO IF YES, EXPLAIN: _____

8. DOES THE EMPLOYER CURRENTLY HAVE ANY EMPLOYEE (S) IN A LAYOFF STATUS? YES NO IF YES, EXPLAIN: _____

9. IS THE EMPLOYER CURRENTLY ENGAGED IN ANY LITIGATION RELATED TO ANY CURRENT/FORMER EMPLOYEE (S)? YES NO IF YES, EXPLAIN: _____

10. DOES THE EMPLOYER PROVIDE PAID FRINGE BENEFITS FOR THE OJT POSITION? YES NO IF YES, LIST THE SPECIFIC BENEFITS AND ANY APPLICABLE ELIMINATION PERIODS BEFORE SUCH ARE AVAILABLE TO THE OJT PARTICIPANT: _____

AS AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER, I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

NAME/TITLE _____

SIGNATURE _____ DATE _____

FOR HAMPTON ROADS WORKFORCE COUNCIL USE ONLY:

BASED ON THE RESULTS OF THE EMPLOYER REVIEW, IS THERE ANY KNOWN REASON (S) TO PRECLUDE ENTERING INTO AN OJT AGREEMENT WITH THIS EMPLOYER?
YES NO IF YES, EXPLAIN: _____

REVIEW CONDUCTED BY: _____ DATE: _____

Note: This form is to be attached to the OJT agreement.