

# SAMPLE



## PORTABLE PRACTICAL EDUCATIONAL PREPARATION, PPEP, Inc.

### On-the-Job Training (OJT) Pre-Contract Checklist

#### Section 1: Employer Information

Complete the following Employer information.

EMPLOYER LEGAL BUSINESS NAME:	FEIN #:	UBI #:
FORMER NAME(S) UNDER WHICH EMPLOYER CONDUCTED BUSINESS:		
CONTACT PERSON:	TITLE:	
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	FAX:
TYPE OF ORGANIZATION: INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> FOR PROFIT <input type="checkbox"/>		
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES:	YEARS IN EXISTENCE:
IS THE BUSINESS BEING SOLD OR MERGING WITH ANOTHER COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

#### Section 2: Company Review

- 1) WARN notices (for a lay-off) have previously been filed. Yes  No   
N/A
- 2) The company has not exhibited a pattern of failing to provide OJT Trainees with continued long-term employment. Yes  No

#### Section 3: Meeting Federal Criteria

Please check the appropriate response for the following Employer information.

- 3) Company verifies WIA funds will **not** be used to relocate operations in whole or in part. Yes  No
- 4) Company has operated at current location for at least 120 days. Yes  No 
  - a. If less than 120 days and the business relocated from another area in the U.S and individual(s), were employees laid off at the previous location as a result of the relocation? Yes  No
- 5) Company commits to providing employment for successful OJT Trainees. Yes  No

- 6) OJT funds will **not** be used to directly or indirectly assist, promote or deter union organizing. Agree   
Disagree
- 7) The OJT will **not** result in the full or partial displacement of employed workers. Agree   
Disagree
- 8) Trainee wages to be paid are at least equal to:
- a) The Federal, state or local minimum wage (Fair Labor Standards Act). Yes  No
- b) Other employees in the same occupation with similar experience. Yes  No
- 9) Trainees will be provided the same workers' compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees. Yes  No
- a. Worker's Compensation Company:
- b. Account #:
- c. Effective Dates:            to
- Please include a copy of the company's Worker's Compensation Certificate.***
- 10) The employer will comply with the non-discrimination and equal opportunity provisions of the Workforce Investment Act of 1998 and its regulations. Yes  No

## Section 4: Signatures

### ***Authorized Signatures***

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

EMPLOYER:

DATE:

TYPE/PRINT NAME:

TITLE:

The outcome of this pre-award interview:

Employer meets all requirements of the OJT pre-award. YES  NO

OJT PROVIDER:

DATE:

TYPE/PRINT NAME: Kari Hogan

TITLE: Chief Administrative Officer