

[Insert LWIA name and contact information here]

## Preliminary Review – Business Application for On-the-Job Training

**Instructions: Please complete all items on this application. To facilitate your review, please prepare this application electronically, if possible.**

### 1. Business Information

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_ DUNS: \_\_\_\_\_

Previous Name of Business, if any: \_\_\_\_\_

FEIN, if different: \_\_\_\_\_

### 2. Contact Person

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

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 3. Business Background

- a. Has your company relocated from another area in the U. S. within the last 120 days?  
If so, were there any employees laid off at that former location?
- b. How long have you been in business in this area?
- c. How many full-time employees do you have?
- d. Are any employees on layoff currently?  
If so, how many employees and in what job titles?
- e. Have any WARN notices been filed within the past year?
- f. Has your business sought WIA/TGAA or other assistance in connection with past or impending job losses at other facilities during the past year?

- g. What job titles/job descriptions are you seeking to fill with OJT trainees? (use the job description form provided – can attach existing job descriptions in lieu of completing job description section in the form)
- h. Are jobs expected to last a year or more in the normal course of business?
- i. Are any of the jobs considered for an OJT candidate classified as “independent contractor” positions, or would individuals not be employed by your firm during the entire training period?
- j. Are any of the jobs covered by a collective bargaining agreement?  
(If so, we will need to obtain a letter of concurrence from the union(s))
- k. Is your business currently engaged in any labor disputes with a labor organization?
- l. Do any of the jobs pay based upon commissions, tips, piece work or incentives?  
If yes, please explain.
- m. What percentage of previous OJT trainees, over the last two (2) years, have completed training and been retained by your firm?
  - 1. Number of OJT trainees:
  - 2. Number of OJT employees retained:
  - 3. Percentage retained:

**Business Applicant Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**On-the-Job Training (OJT) Job Description**

Complete a separate description for each OJT title.

<b>Job Title:</b>		<b>O*Net Code:</b>	
<b>Job Description:</b>			
<b>Job Location:</b>			
<b>Anticipated Start Date</b>	<b>Shift Days and Hours</b>	<b>Hourly Wage Rate</b>	
<b>Supervisor:</b>		<b>Title:</b>	
<b>Is this position subject to a Collective Bargaining Agreement?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," specify the name of the union?			

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