

Ohio Department of Job and Family Services
ON-THE-JOB TRAINING EMPLOYER INFORMATION
LOCAL WORKFORCE AGENCY

Please note that all questions marked with an asterisk are mandatory according to regulations.

| |
|--|
| *1. Employer Name, Address, and Contact Information <i>(a business card may be attached)</i> : |
| Firm Name |
| FEIN |
| Address |
| Contact Name |
| * 2. Under what other names, if any, do you do business? Please list names and locations below: |
| |
| * 3. How long have you been in this area? _____ years |
| * 4. Is the business being sold, closed, relocated, or merging with another company? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| * 5. What is your chief product or service? What is your NAICS code? _____ If not known, search for NAICS codes at http://www.census.gov/eos/www/naics . |
| *6. How many employees do you have? Part time _____ Full time _____ |
| 7. How many new hires do you anticipate making in the next two (2) years? _____ What job titles or job descriptions will need to be filled? (Attach job descriptions, if available.) |
| *8. Do you use a staffing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one? Please describe the relationship |

| |
|---|
| <p>*9. Who will receive the OJT payments? <i>(Include a name, address, and contact information.)</i></p> |
| <p>*10. Are jobs expected to last a year or more in the normal course of business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>*11. Do you have sufficient equipment, materials, and supervisory time and expertise to provide necessary training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>12. What licenses or entry certifications do your workers need? (An attached job description may suffice.)</p> |
| <p>*13. Is the pay of any job based upon commissions, tips, piecework, or incentives? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a base wage that commissions, tips, piecework, or incentives are added to? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of the above, what entry earnings may be expected? \$ _____</p> |
| <p>*14. What fringe benefits are provided to regular employees and when are they made available?</p> |
| <p>*15. Do you have a payroll system that records all paychecks and amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you verify wage payments quickly onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No If no to either, how will wages be verified for OJT payments?</p> |
| <p>*16. What is your Workers' Compensation carrier (or equivalent system)? Carrier number: _____ Will OJT trainees be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>*17. Are any of the jobs considered for an OJT to be filled by "independent contractors" or individuals not employed by your firm during the entire training period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>*18. Are any of these jobs covered by a collective bargaining agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, obtain and attach a "concurrence letter" from the union(s).</p> |
| <p>19. What are your turnover patterns and causes?</p> <p>Could we do anything to help lower your turnover? If yes, please describe:</p> |

| | |
|--|-------------------------------|
| *20. How many employees, if any, are currently on layoff, and what are their job classifications? | |
| *21. Are there any outstanding wage and hour; health and safety; or discrimination complaints or adverse decisions on your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, within how many years? _____ | |
| *22. Has your company relocated from another labor market in the U.S. within the last 120 days, leaving any workers behind? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: a. Please list facility locations where you are seeking or receiving WIA or Trade assistance for job losses. b. Please list facility locations where you have filed WARN notices in the past six (6) months. c. Please provide the date that production of goods or services began at the new location: | |
| *23. Over the last two (2) years, what percentage of previous OJT trainees have completed training and been retained by your firm? a. Number of trained employees retained: _____ b. Number of OJTs: _____ c. Divide line a by line b: _____ % d. If the retention rate is not acceptable, what improvements are planned? e. Please explain any exceptions | |
| Employer | Local Workforce Agency |
| Authorized Signature and Date | Authorized Signature and Date |
| Print Name and Title | Print Name and Title |
| Staffing Agency (if applicable) | Reviewed by |
| Authorized Signature and Date | Authorized Signature and Date |
| Print Name and Title | Print Name and Title |
| ODJFS State Merit Staff/Date | |

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