

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

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

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| *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:  |
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| * 3. How long have you been in this area?<br>_____ years   |
| * 4. Is the business being sold, closed, relocated, or merging with another company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| * 5. What is your chief product or service?<br>What is your NAICS code? _____<br>If not known, search for NAICS codes at <a href="http://www.census.gov/cgi-bin/epcd/srchnaics02defs">http://www.census.gov/cgi-bin/epcd/srchnaics02defs</a> . |
| *6. How many employees do you have?<br>Part time _____ Full time _____   |
| 7. How many new hires do you anticipate making in the next two (2) years? _____<br>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<br>If so, which one(s)?<br><br>Please describe the relationship:  |

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| <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?<br/> <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?<br/> <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<br/> Is there a base wage that commissions, tips, piecework, or incentives are added to?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> 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<br/> Can you verify wage payments quickly onsite?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> If no to either, how will wages be verified for OJT payments?</p>   |
| <p>*16. What is your Workers' Compensation carrier (or equivalent system)?<br/> 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<br/> 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<br>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<br>If yes:<br>a. Please list facility locations where you are seeking or receiving WIOA or Trade assistance for job losses.<br><br>b. Please list facility locations where you have filed WARN notices in the past six (6) months.<br><br>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?<br>a. Number of trained employees retained: _____<br>b. Number of OJTs: _____<br>c. Divide line a by line b: _____ %<br>d. If the retention rate is not acceptable, what improvements are planned?<br><br>e. Please explain any exceptions:  |                                  |
| Employer  | Local Workforce Development Area |
| 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 Trade Delivery Professional/Date  |                                  |

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