

LWIA #26 Service Provider

On-the-Job Training (OJT) - PRE-AWARD 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 at this location:	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 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 WIOA 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 long-term 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. Yes No
- 8) Trainee wages to be paid are at least equal to: Yes No
 - 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 _____
- 10) The employer will comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act of 2014 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: _____ TITLE: _____