## ON-THE-JOB TRAINING PRE-AWARD APPLICATION

*\*This application is valid for one year from the date of signature*

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| **Company Name:** |       |  |  |
| **Company Address:** |       |  |  |
|  | Street Address |  |  |
|  |       |       |       |
|  | City | State | ZIP Code |
| **Phone:** | (     )      | **FEIN:** |       |

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| **Representative:** |              |
|  | Name (Print) |  | Job Title |  |
| **Email Address:** |       |  |

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| **Does your company go by any other names?** **If so, list & provide their locations.**  |       |       |       |
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| **1) What Business Sector is your company?** [ ]  Private[ ]  Private Non Profit | **2) How long has the company been in this area?** years | **3) Is the company being sold, closed, relocated or merging with another company?**[ ]  Yes[ ]  No | **4) Number of employees at the above location:**[ ]  1 – 50 employees[ ]  51 – 250 employees[ ]  Over 251 employees |
| **5) Is Worker’s Compensation Coverage Provided?** [ ]  Yes [ ]  No  | Policy Number:       Insurance Company:        |
| **6) Is your company presently disbarred or suspended from receiving Federal Contracts?**[ ]  Yes[ ]  NoIf Yes, Explain: ­­­­­­­      | **7) Have there been any OSHA, wage and hour, or child labor law violation in the past year?** [ ]  Yes[ ]  No If Yes, Explain:       | **8) Have there been any NEOC or EEOC complaints or litigation filed against this company in the last 5 years?** [ ]  Yes[ ]  NoIf Yes, Explain:        |
|  **9) Have there been any lay-offs in the past 12 months?** [ ]  Yes[ ]  NoIf Yes, Explain       | **10) What has been the employee turnover rate in the past 12 months?**  |

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| **11) Is your company up to date on paying Unemployment Insurance (UI) Tax?** [ ]  Yes[ ]  No | **12) Have you used a staffing agency in the last 12 months?**[ ]  Yes[ ]  No | **13) How many new hires do you anticipate making in the next 2 years?** Employees | **14) Do you have sufficient equipment, materials, and supervisory time & expertise to provide necessary training?** [ ]  Yes[ ]  No |
| **15) What job titles or job descriptions will be filled in the next two years?**  |       |
| **16) What licenses or entry certifications do your workers need?**  |       |
| **17) Are any of the jobs covered by a collective bargaining agreement?** | [ ]  Yes  *If yes, provide a “concurrence letter” from the union(s).*[ ]  No |
| **18) Is the pay of any job based upon commissions, tips, piecework, or incentives?** [ ]  Yes[ ]  No | **19) Is there a base wage that commissions, tips piecework or incentives are added to?** [ ]  Yes[ ]  No | **20) If yes, to either question 18 or 19, what entry earnings may be expected?** **$** |
| **21) Do you have a payroll system that records all paychecks and amounts with federal and state tax withholdings?** [ ]  Yes[ ]  No | **22) Does your company offer fringe benefits to your employees?** [ ]  Yes[ ]  No | **23) If you offer fringe benefits, identify when these are available to new hires.**  |
| **24) Has your company relocated from another labor market in the US within the last 120 days, leaving any workers behind?** [ ]  Yes[ ]  No | **25) If yes to question 24, please provide the date that production of goods or services began at the new location:**  | **26) Has your company filed a WARN notice in the past year?** If yes, list the locations of the facilities affected by the WARN. [ ]  Yes[ ]  No |

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

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| *Company Representative(Signature)*  |  | *NDOL Staff Member(Signature)* |  |
| *Company Representative Name & Job Title (Print)* |  | *NDOL Staff Member (Print)* |  |
| *Date* |  | *Date* |  |
| **NDOL OFFICE USE ONLY:**  |  |  |  |
|  |  |  |  |
| [ ]  **APPROVED** [ ]  **DENIED** | **REASON:**  |  |  |
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*NDOL Manager/Supervisor (Signature) Date*