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

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

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| |  |  |  |  | | --- | --- | --- | --- | | **Does your company go by any other names?**  **If so, list & provide their locations.** |  |  |  | |  |  |  | |  |  |  | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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  No  If 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  No  If Yes, Explain: | | | | **9) Have there been any lay-offs in the past 12 months?**  Yes  No  If 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*