



## ON-THE-JOB TRAINING PROPOSAL

JSND / WORKFORCE PROGRAMS

SFN 14095 (R. 7-15)

Job Service North Dakota will help you develop a training program. As an employer, you are paid for training costs up to 50 percent of the trainee's wage. You receive this payment each month after you submit an invoice. There is a minimum amount of record keeping. At the end of the training program, you know you have a well-trained worker because you trained that worker yourself. *Important:* The employee may not begin working prior to negotiation of the On-the-Job Training (OJT) Program contract and required signatures have been obtained. Failure to comply with this will nullify the contract and may result in legal action against your business.

|   |  |       |          |
|---|--|-------|----------|
| Name of Business  |  |       |          |
| Street Address / PO Box   | City                                     | State | ZIP Code |
| Mailing Address (if different than above)   | City                                     | State | ZIP Code |
| Training Program Position Title   | E-mail Address                           |       |          |
| Cell Phone Number   | Telephone Number                         |       |          |
| Federal Tax Identification Number   | Number of Full-Time Employees            |       |          |
| <p>Please check the box(es) that apply to your agency or business:</p> <p> <input type="checkbox"/> Corporation           <input type="checkbox"/> Individual Ownership<br/> <input type="checkbox"/> Partnership           <input type="checkbox"/> Public Agency<br/> <input type="checkbox"/> Nonprofit Organization           <input type="checkbox"/> Other         </p> |  |       |          |
| How many hours per week will the trainee work?  | What is the business product or service? |       |          |
| Number of Positions Requested   | Proposed Starting Wage per Hour          |       |          |
| Proposed Starting Date  | Proposed Wage at End of Training         |       |          |
| <p>List major job duties and / or areas in which the employee will receive training. List the most important duties (up to a maximum of seven). Also list the approximate percentage of the trainee's time needed to learn each job duty.</p>   |  |       |          |
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|   |  |       |          |
|   |  |       |          |
|   |  |       |          |
|   |  |       |          |
| Total Trainee Hours   |  |       | 100%     |

|   |      |       | YES      | NO |
|---|------|-------|----------|----|
| Does your business participate in any other training program(s) from which employees can earn special certifications?   |      |       |          |    |
| If "YES," please explain.   |      |       |          |    |
| Is this a new position in the company?  |      |       |          |    |
| Is this an entry-level position?  |      |       |          |    |
| Do you have a person in mind for the training?  |      |       |          |    |
| Has he / she worked for you before?   |      |       |          |    |
| If "YES," list name   |      |       |          |    |
| Is he / she a relative?   |      |       |          |    |
| If "YES," what is the relationship?   |      |       |          |    |
| Will you continue to employ this person full time after the successful completion of training?  |      |       |          |    |
| Do you have a collective bargaining agreement or union contract?  |      |       |          |    |
| If "YES," what is the name of the union?  |      |       |          |    |
| Is this position included in the agreement?   |      |       |          |    |
| Is your company involved in a strike, walkout, or lockout?  |      |       |          |    |
| Is this a seasonal job?   |      |       |          |    |
| Do you currently have a federally funded training contract?   |      |       |          |    |
| If "YES," please explain.   |      |       |          |    |
| Do you have a written complaint or grievance procedure?   |      |       |          |    |
| Do you currently owe any unemployment insurance taxes or workers compensation premiums? (OJT contracts cannot be negotiated with delinquent companies unless a payment agreement has been established with Job Service North Dakota.) |      |       |          |    |
| Have you laid-off or terminated any employees in this or another similar position?  |      |       |          |    |
| If "YES," please explain.   |      |       |          |    |
| List fringe benefits offered to permanent employees.  |      |       |          |    |
| Have you or do you plan to reduce the hours of any full-time or part-time employees as a result of this contract?   |      |       |          |    |
| If "YES," please explain.   |      |       |          |    |
| Are uniforms required for the job?  |      |       |          |    |
| If "YES," are employees required to buy them?   |      |       |          |    |
| Training Location Address if Different Than Business Address  | City | State | ZIP Code |    |
|   |      |       |          |    |

|   |       |  |    |
|---|-------|--|----|
| Name of Person Doing Training   | Title | Number of Years of Training Experience |    |
|   |       | YES                                    | NO |
| Has your company relocated in the last 120 days and laid-off employees?   |       |  |    |
| If "YES," please explain.   |       |  |    |
| Are time and attendance records kept?   |       |  |    |
| If "YES," please explain how.   |       |  |    |
| Does your company contract with a payroll service to issue employee paychecks?  |       |  |    |
| Explain the need for an On-the-Job Training Program.  |       |  |    |
| Do you have any additional in-house training programs?  |       |  |    |
| If "YES," please explain.   |       |  |    |
| Do you have a training program registered with the Office of Apprenticeship, Training, Employer, and Labor Services (OATELS), formerly Bureau of Apprenticeship and Training?   |       |  |    |
| If the job qualifies for apprenticeship, OATELS will be notified that Job Service North Dakota is contracting for training in that occupation. (OATELS is non-union affiliated.)  |       |  |    |
| Name of bookkeeper or person in charge of financial records. (Optional)   |       | Telephone Number                       |    |
| Name of person who has authority and will be signing contract.  |       | Title                                  |    |
| <p>I understand that:</p> <ul style="list-style-type: none"> <li>■ Tools and equipment will not be purchased directly by Job Service North Dakota.</li> <li>■ Workforce Investment Innovation and Opportunities Act funds cannot be used for political activities, to support any religious group, or to promote or oppose unionization.</li> <li>■ In the event of a layoff in the training-related area, the OJT trainee must be the first person to be laid off. (Your Job Service North Dakota representative can provide additional information.)</li> <li>■ The information I have provided on this form is true and correct to the best of my knowledge and belief.</li> </ul> |       |  |    |
| Signature   |       | Date                                   |    |
| Please complete and return to:  |       |  |    |

Job Service North Dakota is an equal opportunity employer / program provider.  
Auxiliary aids and services are available upon request to individuals with disabilities.