

ON-THE-JOB TRAINING PROGRAM QUESTIONNAIRE

Project No:		Project Location:	
-------------	--	-------------------	--

Contractor's Name:		Trainee's Name:	
Classification of Trainee /Apprentice	Trainee's Address:	Telephone No:	
Trainee's Social Security No. (Last 4 numbers):	<div style="display: flex; justify-content: space-between;"> Male Black Hispanic Am. Indian </div> <div style="display: flex; justify-content: space-between;"> Female Caucasian Other Asian Am. </div>		

1. Have you ever received any apprenticeship training under any type of program before this OJT program? If yes, where?	Yes	No
2. Where were you employed prior to working for current contractor?		
Date: _____ Job Title: _____		
3. Do you desire to graduate from the MDOT's OJT program?	Yes	No
4. When did you enter the current OJT program?		
Month: _____ Year: _____		
5. How did you learn about this OJT program?		
<div style="display: flex; justify-content: space-between;"> Contractor Community Based Organization </div> <div style="display: flex; justify-content: space-between;"> Union Apprenticeship Program Other </div>		
6. When you began your training, did anyone explain the OJT program to you? If yes, explain:	Yes	No
7. Did you understand the OJT training program as discussed with you? If no, explain:		
8. Did you receive a copy of your OJT training program?	Yes	No
If no, would you like a copy?	Yes	No
9. Which of the following aspects of the OJT training program were explained to you?		
<div style="display: flex; justify-content: space-between;"> Training Hours Type of Training Training Wages Job Choices Entry Wages </div>		
10. What expectations do you have for the OJT program?		
11. What is your current stage of training?		
<input type="checkbox"/> 25% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 90%		
12. How many hours have you completed in your OJT training program?		
13. Are you aware that MDOT monitors your progress monthly?	Yes	No
14. Are you aware that your signature is required on your monthly log sheets?	Yes	No
15. Do you believe you are receiving proper training? If no, explain:	Yes	No

16. Does the job superintendent, trainer, or foreman show interest in helping you reach your goal of journeyman?	Yes	No
17. Do you know the name of your trainer? If yes, who is it?	Yes	No
18. How often is your performance reviewed? How is this done?		
19. How often do you perform work outside of your OJT training program?		
20. Have you encountered any problems on the job site (i.e., sexual harassment, racial discrimination, etc.?) If yes, please describe.	Yes	No
21. Are you aware of your company's discrimination policy and grievance procedures? If yes, who made you aware and when?	Yes	No
22. Are you aware of the company's Affirmative Action, Safety, or EEO meetings? How often do you attend these meetings? _____	Yes	No
23. Provide the name of the current EEO Officer.		
24. Have you received a copy of the EEO Policies?	Yes	No
25. Are you or members of your family related to a manager or owner of this company?	Yes	No
26. What specific projects have you worked on with this company?		
27. Have you been informed of your company's promotional opportunities If yes, who made you aware and when?	Yes	No
28. Are you a member of a trade union?	Yes	No
29. Are you enrolled in a union apprenticeship program?	Yes	No
30. What year of apprenticeship are you in?		
31. What is your current hourly wage?		
32. Are there any areas in the OJT Program in which you need assistance? If so, please contact the OJT Program Coordinator at 1-517-241-2981 or toll-free at 1-866-323-1264.		
33. Do you have any questions, comments or concerns?		
Interviewer's Signature:	Date:	
Trainee's Signature:	Date:	