INSTRUCTIONS FOR COMPLETING

OJT REGISTRATION/ENROLLMENT FORM

Project Name and Location: insert project name and location of project.

Contractor: insert Contractor name enrolling trainee.

Name: insert name of person to be enrolled.

Address: insert proper mailing address of enrollee.

Phone Number: insert telephone or message number for enrollee.

Social Security Number: insert enrollee’s Social Security Number.

Ethnic/Protected class: indicate race or ethnicity of enrollee.

Sex: check male or female.

Training Classification: indicate classification name.

Hours: indicate total classification training hours.

New Hire, Upgrade, Other: indicate which category.

Enclosed Copy of: Check whichever is accurate.

Start Date: indicate date training commences.

Start Wage: indicate starting wage to % of journeyed wage rate.

Expected End Date: indicate date training completed.

End Wage: indicate ending wage to % of journeyed wage rate.

Site Phone Number: indicate Contractor’s on-site telephone number.

EEO Officer: indicate name of company’s EEO Officer.

Trainee Signature: trainee signs and dates form.

Employer Signature: Contractor representative signs and dates form.

SUBMIT PRIOR TO OJT BEGINNING WORK

Send to: MaineDOT, Civil Rights Office

 State House Station # 16

Augusta, ME 04333-0016

 Tel (207) 624-3036

Fax (207) 624-3021

“TTY Users Dial Maine Relay 711”

 gigi.ottmann-deeves@maine.gov

OJT REGISTRATION/ENROLLMENT FORM

Include job application/resume

Contractor name:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Maine

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic/Protected Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_ Female

Training Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ New Hire \_\_\_\_ Upgrade \_\_\_\_ Other, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed copy of: \_\_\_\_\_\_ Resume or \_\_\_\_\_\_ Job Application.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_ Start Wage: $\_\_\_\_\_\_\_\_\_\_\_/hr\_\_\_\_\_\_\_% journeyed rate)

Expected

End Date: \_\_\_/\_\_\_\_/\_\_\_End Wage: $\_\_\_\_\_\_\_\_\_\_\_\_/hr\_\_\_\_\_\_\_\_\_% journeyed rate)

Site Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EEO Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No contractor will be given credit until this form is approved by MaineDOT.

Notice: Per Contract Special Provision 660, should the EEO Officer determine the Contractor has not complied with the approved training program, the number of remaining hours for each trainee will be multiplied by the prevailing wage rate for that particular classification. The resulting figure shall be deducted from the Contractor’s final payment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_
Trainee Signature Date Employer Signature Date

FOR MaineDOT USE ONLY:

□ Approved □ Denied

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 MaineDOT Representative Signature

(cc: MaineDOT on-site representative, Contractor, Trainee, File)

Send to: MaineDOT, Civil Rights Office

 State House Station # 16

 Augusta, Maine 04333-0016

 Tel (207) 624-3036

 Fax (207) 624-3021

gigi.ottmann-deeves@maine.gov