

## OJT LETTER OF INTENT

Project name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Contractor Name \_\_\_\_\_ anticipates training in the classifications listed and expect to start each on the below given dates (must reflect total training hours assigned to project):

1. \_\_\_\_\_ **Date:** \_\_\_\_\_

2. \_\_\_\_\_ **Date:** \_\_\_\_\_

3. \_\_\_\_\_ **Date:** \_\_\_\_\_

Report of employment statistics for the entire Company workforce, by hours worked for each craft between April 1 and November 15 for the last calendar year.

| Position            | Total Employees | White Males | Females | Hispanic | American Indian | Black | Asian | Disabled | # of Recalls |
|---------------------|-----------------|-------------|---------|----------|-----------------|-------|-------|----------|--------------|
| Superintendent      |                 |             |         |          |                 |       |       |          |              |
| Operating Engineer  |                 |             |         |          |                 |       |       |          |              |
| Equipment Operator  |                 |             |         |          |                 |       |       |          |              |
| Mechanics           |                 |             |         |          |                 |       |       |          |              |
| Truck Drivers       |                 |             |         |          |                 |       |       |          |              |
| Ironworker/Rod      |                 |             |         |          |                 |       |       |          |              |
| Carpenters          |                 |             |         |          |                 |       |       |          |              |
| Const.Wkr. Bridge   |                 |             |         |          |                 |       |       |          |              |
| Const.Wkr.Hwy.      |                 |             |         |          |                 |       |       |          |              |
| Pipelayer           |                 |             |         |          |                 |       |       |          |              |
| Bridge Maint.Wkr.   |                 |             |         |          |                 |       |       |          |              |
| Laborer, Semi-Skill |                 |             |         |          |                 |       |       |          |              |
| Laborer, Unskilled  |                 |             |         |          |                 |       |       |          |              |
| Forepers./Brdge     |                 |             |         |          |                 |       |       |          |              |
| Foreperson/Hw       |                 |             |         |          |                 |       |       |          |              |
| Welder              |                 |             |         |          |                 |       |       |          |              |

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

### **SUBMIT PRIOR TO START OF PROJECT**

SUBMIT TO: Women Unlimited  
 OJT Administrative Coordinator  
 103 Winthrop Street  
 Augusta, Maine 04330  
 Tel (207) 623-7576  
 Fax (207) 623-7299