

OJT ENROLLMENT FORM

INCLUDE JOB APPLICATION/RESUME



		Pı	oject	: Name & WIN#:							En	Date:			
PROJECT	2	Project Resident:				Office/Cell #:									
	IAII	Contractor Name:													
	OKI	Site/Trainee Supervisor:									Office	e/Cell #:			
	N	EEO Officer:				Office/Cell #:									
		Street	Site Trailer Location: Street Address, Land Markers												
	7	OJT Candidate Name:									SSN	(Last 4):			
OJT CANDIDATE	TIO	Street Address:								С	ity, Zip Code:				
	₹MA	Email Address:										Cell #:			
	JFOF	Classification Title:										g Hours:			
	=	The FHWA Training Special Provision (TSP) §230.111(c) requires the contractor to provide the information below for each OJT Candidate. Please be sure to fill this section out due to annual MaineDOT reporting requirements.													ch OJT
Ethnici Protec	•	I American Indian or a			r Alas	Alaskan Native Asian/Pacific Islander			Black	Black Hispanic White			Prefer not to answer		
Male F		emale Other: Vet		eran	Disadva Worker	ntaged *	Age Group	o :	18 - 25	26-35	36 - 45	46	5 - 55	> 56	
New Hire		Upgrade		1st upgrade 2nd upgrade	Sta	art Date:		End Date (Estimate):							
HOURLY RATE			_	tes are subject to a rneyman rate on th		Proposed OJT Ho proval by the OJT Program Coordinator prior to the start date; it can be General Decision.								\$	per hr
HOL	<u> </u>	**Upon successful completion of the OJT's training, the worker's wage rate should be comparable to or higher than a rate of other journeyed workers on this project as shown on the General Decision for this project.									n the	\$	per hr		
SIGNATURES	OJT	OJT Candidate: Contractor:											D	ate:	
	EEO	EEO Officer:										D	ate:		
		Maine DOT Civil Rights (Internal Information Only)													
	OJT	Program C	oordin	nator:						Date:			pproved Denied		
"		Graduation Date				Certificate Sent				6-month F/U			Annual F/U		

<u>PLEASE NOTE</u>: No payment will be made to the contractor if it is determined that the contractor failed to provide the required training, or if the contractor did not hire the trainee as a Journey-level tradesperson upon completion of training. If it is determined that the contractor did not comply with this section, the resulting figures shall be deducted from any monies due the contractor, as determined by the Resident.

SUBMIT SIGNED/COMPLETED FORM VIA EMAIL TO: Jennifer.e.laliberte@maine.gov

^{*}Disadvantaged worker must meet at least one of the following six criteria: 1. Homeless 2. Custodial Single Parent 3. Recipient of Public Assistance 4. Lack GED/high school diploma 5. have a criminal record 6. be chronically unemployed.