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 S	Security No:	
Ethnic/Protected Class:	Sex: N	lale Female
Training Classification:	Hours:	
New Hire Upgrade Other, desc	cribe	
Enclosed copy of: Resu	ıme or Job A	pplication.
Start Date:/ Start Wage: \$	/hr% jc	ourneyed rate)
Expected End Date://_End Wage: \$	/hr% j	ourneyed rate)
Site Phone No:EEO Office No contractor will be given credit until the		
Notice: Per Contract Special Provision 66 Contractor has not complied with the apprenaining hours for each trainee will be multiparticular classification. The resulting figure final payment.	oproved training pultiplied by the prev	rogram, the number o ailing wage rate for tha
//		//
Trainee Signature Date FOR MaineDOT USE ONLY:	Employer Signat	ture Date
☐ Approved	☐ Denied	
		Date:
MaineDOT Representative Signature		
(cc: MaineDOT on-site representative, Contractor, Trainee, F	ile)	
State House	ine 04333-0016	

Fax (207) 624-3021

gigi.ottmann-deeves@maine.gov