

Job Training for Beaver County, Inc.
ON-THE-JOB TRAINING/UPGRADING PROPOSAL FORM

1. Full legal name of company: _____

2. Address: _____ Telephone: _____

3. Type of legal entity:

____ Corporation ____ Sole Proprietorship ____ Partnership ____ Other (Specify) _____

4. Employment Sector:

____ Private For-Profit ____ Private Non-Profit ____ Public ____ Other (Specify) _____

5. Number of Person(s) authorized to execute contracts:

Name

Title

1. _____

2. _____

3. _____

5. Total Number of employees: _____ Full Time _____ Part Time

6. Trainee job title: _____

7. Trainee initial rate of pay: _____

Trainee rate of pay at completion of training: _____

8. Fringe Benefits:

A. Holidays: _____ days per year List: _____

B. Vacation: _____ days per year _____

C. Sick days: _____ per year

D. Other (Specify): _____

9. Are employees represented by a union? ____ Yes ____ No

Union name and address: _____

Union contact person: _____

10. Workman's Compensation Information

Please attach a current copy of your Workman's Compensation Insurance policy.

11. Please provide a detailed training outline and the approximate percentage of time that this employee will be performing each duty/task. Attach to this sheet.

12. Do you have any employees on lay-off? _____ Yes _____ No

If yes, in what positions: _____

13. Do you have any prior experience with JTBC? _____ Yes _____ No

If yes, when and how many employees: _____ Date _____

Are they still employed by you? _____ Yes _____ No

If not, why?

14. Is your company debarred from doing business with the Federal Government?

_____ Yes _____ No

15. Are you a member of the Job Training for Beaver County, Inc. Board of Directors?

_____ Yes _____ No

16. How long have you been in business at this location? _____

17. Are you relocated to this location? _____ Yes _____ No

If so, did you layoff any employees at your previous location? _____ Yes _____ No

18. Please attach certification of unemployment compensation I.D.# _____

19. Will OJT lead to permanent employment? _____ Yes _____ No

20. Fill in your Employer Federal EIN Number: _____

Signature

Date

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transaction**

This certification is required by the regulations implementing Executive Order 12549. Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

UNION SIGN OFF/SIGNATURE SHEET

WORKFORCE INVESTMENT ACT (WIA)

REQUEST FOR CONCURRENCE ON PROPOSED

ON-THE-JOB TRAINING AGREEMENTS

DATE OF REQUEST: _____

Business agent or authorized representative, please review the attached terms and conditions of the proposed on-the-job training plan and return your response as soon as possible.

UNION: _____

BUSINESS AGENT SIGNATURE: _____

OR

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

TITLE OF AUTHORIZED REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____

I hereby grant concurrence on the proposed training which is in compliance with our collective bargaining agreement. Yes _____ No _____

DATE OF CONCURRENCE: _____

COMMENTS:

Please return to: Job Training for Beaver County, Inc.
277 Beaver Valley Mall
Monaca, PA 15061
Attn: Business Service Representative

ON-THE-JOB TRAINING PLAN

Training Outline and Job Description must be included in Contract

Original _____ Mod _____ (Date: ____ / ____ / ____)

Contract #: _____

Employer: _____

Employee: _____

Job Title: _____ Starting Wage: _____ (Work Day: _____ Hours) (Work Week: _____ Hours)

<u>Skills/Learning Objectives to Eliminate Skills Gap</u>	<u>Training Method</u>	<u>Training Time (%)</u>	<u>Supervisor/Trainer</u>

Progress will be measured through: _____

Job Qualifications: _____

Minimally Accepted Job Qualifications: _____