

Finger Lakes Works

Preliminary Review – Business Application for On-the-Job Training

Instructions: Please complete all items on this application. To facilitate your review, please prepare this application electronically, if possible.

1. Business Information

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

FEIN: _____ NAICS: _____ DUNS: _____

Previous Name of Business, if any: _____

FEIN, if different: _____

2. Contact Person

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

3. Business Background

- a. Has your company relocated from another area in the U. S. within the last 120 days?
If so, were there any employees laid off at that former location?
How long have you been in business in this area?
- b. How many full-time employees do you have?
- c. Are any employees on layoff currently?
If so, how many employees and in what job titles?
- d. Have any WARN notices been filed within the past year?
- e. Has your business sought WIA/TGAA or other assistance in connection with past or impending job losses at other facilities during the past year?

- f. What job titles/job descriptions are you seeking to fill with OJT trainees? (use the job description form provided – can attach existing job descriptions in lieu of completing job description section in the form)
- g. Are jobs expected to last a year or more in the normal course of business? yes
- h. Are all job openings in New York State? Yes No
- i. Are any of the jobs considered for an OJT candidate classified as “independent contractor” positions, or would individuals not be employed by your firm during the entire training period?
- j. Are any of the jobs covered by a collective bargaining agreement? (If so, we will need to obtain a letter of concurrence from the union(s))
- k. Is your business currently engaged in any labor disputes with a labor organization?
- l. Do any of the jobs pay based upon commissions, tips, piece work or incentives?
If yes, please explain.
- m. What percentage of previous trainees, over the last two (2) years, have completed training and been retained by your firm?
 - 1. Number of OJT trainees:
 - 2. Number of OJT employees retained:
 - 3. Percentage retained:

4. Business Applicant Signature

Signature

Date

Print Name

Title

On-the-Job Training (OJT) Job Description

Complete a separate description for each OJT title.

Job Title:		O*Net Code:	
Job Description:			
Job Location:			
Anticipated Start Date	Shift Days and Hours	Hourly Wage Rate	
Supervisor:		Title:	
Is this position subject to a Collective Bargaining Agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," specify the name of the union?			

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Job Description:			
Job Location:			
Anticipated Start Date	Shift Days and Hours	Hourly Wage Rate	
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Is this position subject to a Collective Bargaining Agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," specify the name of the union?			