



INCUMBENT WORKER TRAINING APPLICATION PROPOSAL

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Contact Name _____ Contact Number _____

Information Items

1. How long has the employer been in business in this area? _____

2. Is the business being sold or merging with another company? Yes No

3. Has the company relocated from another area in the U.S. within the last 120 days, leaving any workers behind?
 Yes No

4. What is the chief product or service? _____

5. What is the North America Industry Classification System Code (NAICS)? _____

6. How many full-time employee? _____

7. Anticipated start date? _____

8. How many new hires are anticipated in the next two years? _____

9. What type(s) of training is normally provided to new hires? _____

10. Wages: What is the starting wage? \$ _____ Wage after training? \$ _____

11. What is the demand for this job in the local labor market? _____

12. Does the employer use a staffing agency? Yes No If yes, which one? _____

Describe the relationship _____

13. Are jobs expected to last a year or more in the normal course of business? Yes No

14. What skills will current workers and new hires need to acquire to be fully productive? _____

15. Does the employer have sufficient equipment, materials and supervisory time and expertise to provide necessary training? Yes No

16. What are the turnover patterns and causes? _____

17. Can EMI do anything to help lower turnover? _____

18. How many hours per week are trainees expected to work? _____
19. What are the expected shift times and days? _____
20. Are any jobs based upon commissions, tips, piece work or incentives? Yes No If yes, describe

21. Is there a base wage that commissions, tips, piece work or incentive pay is added to? Yes No
If yes, describe _____
22. Which fringe benefits are provided to regular employees? _____
23. When are fringe benefits made available? _____

Assurances and Compliance Items

1. Does the employer have a payroll system which records all pay checks and amounts? Yes No If no, can we verify wage payments quickly on site? Yes No If no, how will wages be verified of OJT payment?

2. Are any employees currently on lay off? Yes No
3. Are there any outstanding wage and hour, health and safety, or discrimination, complaints or adverse decisions?
 Yes No
4. What percentage of previous trainees, over the past two years, have completed OJT's with EMI and been retained by the firm?
- Number of OJT's _____
- Number of employees retained _____
- % retained _____ %
- Is the retention percentage is below 75% Yes No If yes, what improvements are planned? _____

Employer Signature

Date

OJT Owner Signature

Date