

ON-THE-JOB-TRAINING (OJT) BUSINESS PRE-SCREEN INTERVIEW

formation Items			
usiness Name:			
ddress:	City:	State:	Zip:
ontact Name:	Phor	ne:	
1. How long has the employer been in bus	siness in this area	?	
 Is the business being sold or merging w Has the company relocated from anoth any workers behind? Yes No What is the chief product or service? 		-	□ No 120 days, leaving
5. What is the North America Industry Cla	assification Syster	n Code (NAICS)?	>
6. How many full-time employees?	Anticipated	start date?	
7. How many new hires are anticipated in	the next two year	s?	
8. What type(s) of training is normally pro	vided to new hires	3?	
9. What is the starting wage? \$	What is the	wage after traini	ng? \$
10. What is the demand for this job in the l	ocal labor market	?	
	-		
Describe the relationship: _			
13. Are jobs expected to last a year or more 14. What skills will current workers and ne			
 15. Does the employer have sufficient equ expertise to provide necessary training 16. What are the turnover patterns and cat turnover? 	? □ Yes □ N	0	
17. What license or entry qualifications do	the workers need	?	
18. Trainee expected work hours per week	?		
Shift times:	Days:		
19. Are any jobs based upon: □Commissi Is there a base wage that commissi □ Yes □ No			

20. Which fringe benefits are provided to regular employees?

When are these benefits available?

Assurances and Compliance Items

Does the employer have a payroll system which records all pay checks and amounts?
 Yes No

If yes, can wage payments be quickly verified onsite? \sqcup Yes \sqcup No	
If the payroll system is inadequate OR wage payments are not quickly verifiable , ho	w
will wages be verified for OJT payment?	

- 2. Are any employees currently on layoff? \Box Yes \Box 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 OJTs:

Number of employees retained:

Percent of employee retained:

s the retention % below 75% \Box Yes	🗆 No	If no, what improvements are pla	nned?
----------------------------------------	------	----------------------------------	-------

- 5. What is the length of training allowed using the Special Vocational Preparation (SVP) system?
- 6. Are there any unique requirements of the job that would either increase or decrease the training time allowed? \Box Yes \Box No If yes, what are they?

Signatures		
Employer Signature: _	Date:	
OJT Owner Signature:	Date:	

Date: 11/26/24