

**MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES**  
**OJT Employer Checklist**

**INFORMATION ITEMS**

1. Business Name, Address and Contact Information (a business card may be attached).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
FEIN

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone

2. How long have you been in business in this area? \_\_\_\_\_

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

3. What is your chief product or service? \_\_\_\_\_

What is your NAICS Code? \_\_\_\_\_

*Go to <http://www.census.gov/eos/www/naics/> to search if NAICS code is unknown.*

4. How many full-time employees do you have? \_\_\_\_\_

How many new hires do you anticipate making in the next two (2) years? \_\_\_\_\_

What job titles/job descriptions will need to be filled? (attach job descriptions if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you use a staffing agency?       Yes       No

If yes, which one? Please also describe the relationship.

\_\_\_\_\_  
\_\_\_\_\_

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

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

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8. Do you have sufficient equipment, materials and supervisory time and expertise to provide necessary training?

Yes  No

9. What are your turnover patterns and causes and could we do anything to help lower turnover?

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10. What licenses or entry qualifications do your workers need? (an attached job description may suffice).

11. How many hours per week are Trainees expected to work? \_\_\_\_\_

What are the expected shift times and days? \_\_\_\_\_

12. Do any jobs pay based upon commissions, tips, piece work or incentives?  Yes  No

Is there a base wage to which commissions, tips, piece work or incentive pay is added?  Yes  No

If yes to either of the above, what entry earnings may be expected for each job? \_\_\_\_\_

13. Which fringe benefits are provided to regular employees? \_\_\_\_\_

When are these benefits made available? \_\_\_\_\_

14. Has the company applied for or received any other state or federal grants for this position or training?

Yes  No

If yes, please describe:

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### ASSURANCES AND COMPLIANCE ITEMS

15. Do you have a payroll system which records all pay checks and amounts?  Yes  No

Can the WIA Area verify wage payments quickly on-site?  Yes  No

If no to either, how will wages be verified for OJT payment? \_\_\_\_\_

16. What is your Ohio Workers' Compensation Number? \_\_\_\_\_

Will OJT trainees be covered?  Yes  No

17. Are any of the jobs considered for an OJT “independent contractors” or not employed by your firm during the entire training period?  Yes  No

18. Are any of these jobs covered by a collective bargaining agreement?  Yes  No

If yes, obtain and attach a “concurrence letter” from the union(s).

19. Are any employees on layoff currently?  Yes  No

If yes, specify the number and positions currently in layoff.

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20. Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions?

Yes  No

21. Has your company relocated from another area in the U.S. within the last 120 days, leaving any workers behind?

Yes  No

22. What percentage of previous WIA Trainees, over the last two (2) years, have completed training and been retained by your firm? \_\_\_\_\_Number of OJT's; \_\_\_\_\_Number of employees retained; \_\_\_\_\_% retained. If the retention percentage is below 75%, what improvements are planned?

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**I certify that the above information is, to the best of my knowledge, true and correct:**

**Employer:**

**Approved by Montgomery County AREA 7:**

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Authorized Signature Date