FRESNO REGIONAL WORKFORCE DEVELOPMENT BOARD

# On-the-Job Training Scholarship Application

**Name:**

**Date: Phone Number:**

|  |  |
| --- | --- |
| Occupation  |  |
|  |  |
| Career Exploration results – Occupational choice matches | Yes [ ]  No [ ]  |
| Sector Occupation | Yes No  |
| Demand Occupation | Yes No | (No does not exclude them from an OJT) |
|  |  |  |  |  |  |
| WorkKeys® | Applied Math |  | Reading for Information |  | Locating Information |
| Required Level: |  |  |  |  |  |
| Participant Level: |  |  |  |  |  |
| Grade Level:  | Math |  | Reading |  |
| PESCO Score matches the requirement of the Position  | Yes No  |

You will be required to appear before a formal Scholarship Panel. This panel composition may include Workforce Connection staff members.

The decision to approve your application for On-the-Job training services will be decided at this interview.

Your Business Account Specialist will be your advocate and will accompany you to the panel.

**OJT Scholarship Questionnaire**

Please complete the following section. The purpose of this section is to help prepare you for your scholarship interview. The panel will ask you for the following information. Additional information pertaining to the OJT, your support structure, and your labor market research may be requested by the panel, as well.

1. Why did you choose this particular career path?
2. Describe to us your perfect employer and work environment.
3. What skills do you bring the employer that make you job ready?
4. What barriers (childcare, transportation, etc.), if any, do you anticipate having that might prevent you from attending class on a regular basis?
5. Why do you feel that you are the best candidate for this on the job training opportunity?
6. What do you know about this employer? Note: This question was not asked on the application

**OJT Scholarship Application Rating Matrix**

**Rating Matrix (to be completed by the OJT Scholarship Panel at the time of the Scholarship)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rating**(circle one) | **OJT Interview Rating Criteria** | Rating 1 | Rating 2 | **Pass/****Fail** |
| Unacceptable | Acceptable | Outstanding | Responses to Questions asked about OJT Application |  |  |  |
| Unacceptable | Acceptable | Outstanding | Interview – Time Management & Dependability |  |  |  |
| Unacceptable | Acceptable | Outstanding | Interview – Maturity & Quality of Work |  |  |  |
| Unacceptable | Acceptable | Outstanding | Interview – Teamwork |  |  |  |
| Unacceptable | Acceptable | Outstanding | Interview - Motivation & Initiative |  |  |  |
| Unacceptable | Acceptable | Outstanding | Interview – Interpersonal Communication |  |  |  |
| Unacceptable | Acceptable | Outstanding | Overall Impression |  |  |  |

Is there any rating of “Unacceptable”? Yes [ ]  No [ ]  (If any rating is Unacceptable”, participant will not be considered for OJT opportunity.)

**Final Determination**

Referring for OJT? Yes [ ]  No [ ]  (If no, an action plan to address deficiencies is to be documented in the client’s IEP by the ERS.)

Determination Documented in I-Train? Yes [ ]  No [ ]

BY SIGNING THIS DOCUMENT, BOTH PANEL MEMBERS ARE STATING THAT THEY ARE CONFIDENT THAT THE PARTICIPANT SUCCESSFULLY MEETS THE OJT CRITERIA AND IS READY AND WILLING TO ENTER THE OJT AT THIS TIME.

Panel Member #1 Signature Title/Agency Date

Panel Member #2 Signature Title/Agency Date

POS Management Signature Title Date

**Comments:**

The panel will select a question from of each of the following five sections at the time of the scholarship interview. Insert the score for each question in the rating matrix on page three. These questions are not to be given to the participant prior to the interview.

**SECTION 1: TIME MANAGEMENT/DEPENDABILITY**

Possible Questions:

1. Tell me about the steps you have taken to get a project back on track when it was at risk of not being completed on time.

2. Give me an example of a time when you overcommitted yourself. How did you handle it?

3. Give me an example of a time when you faced obstacles that were keeping you from meeting a goal. What did you do?

4. What have you done to avoid missing deadlines?

5. How do you handle conflicting priorities?

6. What would you do in the first week of work to get organized?

7. Recall a time when you made a mistake or a bad decision on the job. How did you handle the situation?

8. How would you respond if a manager from another department asked you to do some work for the and you didn’t have the time or the resources?

9. It’s your first week at a new job. What would you do if your car didn’t start in the morning?

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| Question Chosen: | # |
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| Notes: |  |
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Score: (circle one) 1. Outstanding 2. Acceptable 3. Unacceptable

**SECTION 2: MATURITY/QUALITY OF WORK**

Possible Questions:

1. What would you change about your working habits?

2. How would you describe your work style?

3. Describe a time when you followed company policies or ethical standards even though it would have been easier to ignore them.

4. Tell me about a time when it was important for you to be a good role model at work, school, or home.

5. Tell me about a time when it was important for you to act in a courageous manner at work, school, or home.

6. What has been your biggest accomplishment, preferably involving work or school?

7. What does “doing a great job” mean to you?

8. What would your former employer say about your quality of work?

9. Tell me about a time when you felt you came up short on your performance. What did you do about it?

10. Tell me about a time when you took charge as a leader in a work situation without being formally assigned to that role by your boss.

11. Tell me about a work emergency or crisis of some kind in which you were involved. What was your role? What did you do?

12. When did you last receive feedback at work or school that made you feel proud?

13. If you accidentally found a resignation letter from another employee on the copy machine what would you do with it? Who would you tell?

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| Question Chosen: | # |
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| Notes: |  |
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Score: (circle one) 1. Outstanding 2. Acceptable 3. Unacceptable

**SECTION 3: TEAMWORK**

Possible Questions:

1. Tell me about a time when you were able to remain open to another viewpoint when you did not agree with it?

2. What is your definition of teamwork?

3. What is your experience in working in groups or working alone; what is your preference.

4. What type of a work environment do you prefer?

5. As a new employee, how do you go about building relationships with your peers, management, and external customers?

6. Tell me about a situation in which you had to be open to a new idea or change in procedure that you did not think would work. How did you handle it?

7. What contributions do you make to a positive team atmosphere?

8. If you don’t get along with someone on your team, how do you handle the situation?

9. Tell me how you increased teamwork among a previous group with whom you worked.

10. Tell me about a time when you felt you went beyond the call of duty in helping a co-worker or a client.

11. What would you do if someone on your team wasn’t pulling their weight?

12. What would you do if someone else took credit for your work?

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| Question Chosen: | # |
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Score: (circle one) 1. Outstanding 2. Acceptable 3. Unacceptable

**SECTION 4: MOTIVATION / INITIATVE**

Possible Questions:

1. When starting a new job, what do you do if you are given tasks with little direction?

2. Where do you see yourself doing in five years?

3. What types of things motivate you at work?

4. What type of supervisor do you work best with?

5. Tell me about a time when you had to make a difficult decision at work or at school?

6. Do you initiate projects or prefer being told what to do?

7. What would you do if you ran out of work?

8. What would you do if you didn’t how to do something at work and your supervisor wasn’t there to help you?

9. What is your definition of giving it your all at work?

10. If part of your duties required you to make contact with someone and that person wasn’t returning your call, what would you do?

11. What would you do if you saw a problem with a project that someone else was working on?

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| Question Chosen: | # |
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Score: (circle one) 1. Outstanding 2. Acceptable 3. Unacceptable

**SECTION 5: INTERPERSONAL / COMMUNICATION**

Possible Questions:

1. When did you receive criticism at work or school that upset you? What did you do with the criticism?

2. How do you prefer to communicate with your manager when you don’t see them often?

3. Tell me about a time you had a serious conflict with a coworker. How did you handle the situation?

4. Tell me of a time when you worked with, or for, someone you did not agree with. What steps did you take to improve working conditions?

5. Tell me about something that your coworker did to upset you? What did you do?

6. In your past work life, what kind of co-workers or clients rubbed you the wrong way? How did you respond?

7. What approaches worked best for you in the past in communicating with your boss? With your co-workers? With your subordinates?

8. What experiences have you had working with people of different ethnicities, age, or physical ability levels?

9. Tell me about the most difficult customer encounter you've experienced. How did you handle it?

10. We’ve all felt stress in our work lives. Tell me about work-related situations that cause stress for you. How do you typically handle such stress?

11. Tell me about a challenge you faced in a previous work situation. How did you respond?

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| Question Chosen: | # |
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| Notes: |  |
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Score: (circle one) 1. Outstanding 2. Acceptable 3. Unacceptable