



**Fresno Regional Workforce Development Board
On-the-Job Training (OJT) Employer Eligibility Checklist**

Provider Location _____ Grant Code _____

Part I

Participant Name: _____ State ID Number: _____

ONET3 Title: _____ ONET3 Code: _____

SVP Code: _____ Total Hours of this OJT: _____ OJT Employer Number: _____

Name of Employer: _____

Employer Address: _____ City: _____ Zip Code: _____

Is the Employer on the Employer Hold List? Yes* No *If Yes, then employer is not eligible for an OJT.

Estimated hourly wage prior to WIOA Enrollment for Adults/Youth, or prior to dislocation date for Dislocated Workers: \$ _____

Hourly Wage after completion of OJT: \$ _____

Part II

If any of the following questions are answered YES, the employer is not eligible

Yes

No

	Yes	No
1. Has the employer hired the participant prior to registration?		
2. Has the employer made an offer of employment to the participant?		
3. Is the employer of record or training employer involved in any disputes with a labor organization?		
4. Has the employer exhibited a pattern of failing to provide OJT participants with long-term regular employment on previous OJT agreements?		
5. Has the employer relocated to the Fresno Labor Market Area within the last 120 days resulting in layoffs of existing employees?		
6. Has the employer had a reduction in force within the last 12 months? (Other than seasonal business Operations.)		

Part III

If any of the following questions are answered No, the employer is not eligible

Yes

No

	Yes	No
1. Does the hourly starting wage meet federal/state law minimum wage requirements?		
2. Will the participant be provided wage and benefits equal to those received by similarly situated employees with this employer?		
3. Is the occupation one of higher skills? (SVP level of 2 or higher.)		
4. Has the employer of record provided a certificate of insurance for their workers' compensation, liability insurance policies, and auto insurance, if applicable? (Copy of all applicable certificates of insurance must be in the clients file prior to the start of any OJT agreement.)		
5. Has the employer of record and the training employer provided assurances that they are in compliance with the Fair Labor Standards Act, Cal/OSHA Safety Standards and ADA?		
6. Upon successful completion, will the training employer issue a Performance Review and Certificate of Competency in the occupational skills acquired?		

We have reviewed this checklist, the OJT Agreement, and OJT Provisions and we have negotiated and developed the OJT Agreement in accordance with the WIOA, federal regulations and Fresno Regional Workforce Development Board (FRWDB) Local Policies and Procedures, as set forth in the FRWDB OJT Operational Directive.

Signature of BAS

Dated: _____

Signature of Employer Representative

Dated: _____

On the Job Training Employer Eligibility Checklist

Instructions

Completion of the On-the-Job Training (OJT) checklist is necessary to establish the basis for an OJT agreement and must be completed prior to the development of the OJT agreement. Complete as much of Part I as possible prior to meeting with the employer. Parts II and III are to be completed at the employer's workplace. After inserting "Provider Location" and "Grant Code", the following provides a guide to completing the checklist form:

Part I

1. Check to see if the employer is on the Employer Hold List. If yes, an OJT cannot be entered into with this employer.
2. Insert participant's Full Name and State ID Number.
3. ONET3 Code: Review the employer's job description and match it to the applicable title as listed in the ONET3 code table. If the employer does not have a job description the BAS must assist the employer in developing the job duties for the position. The training outline must always be based on the actual job duties and the training requirements of the participant, not the O*Net Job Title Summary.
4. ONET3 Code: Insert the code as stated for the Occupational Title.
5. SVP Code: Insert the code as defined at: online.onetcenter.org. The code is located at the end of each Job Title Summary.
6. Insert the total hours of the OJT, which cannot exceed the allowable hours as defined in the OJT Operational Directive or the total number of hours needed for the participant to gain the necessary skills needed for the position, whichever is less.
7. Insert the OJT Employer Number.
8. Insert the exact name of the employer. If a corporation, indicate "Inc." and have all subsequent documents signed by an **authorized** officer or employee of the employer of record and training employer if applicable.
9. Insert the OJT Employer's Address.
10. Insert the estimated hourly wage that the participant was earning prior to WIOA enrollment for Adults/ Youth and prior to date of dislocation for Dislocated Workers.
11. Insert the projected hourly wage upon completion of the OJT.

Part II (to be completed by the Employer)

12. Answer Questions 1 through 6 by checking "yes" or "no". Note: If any of the answers are "YES," the employer is not eligible until the question can be answered "NO".

Part III (to be completed by the Employer)

12. Answer Questions 1 through 8 by checking "yes" or "no". Note: If any of the answers are "NO", the employer is not eligible until the question can be answered "YES". For example: Insurance policy information could be pending when completing this checklist and subsequently provided, thereby changing the response from "no" to "yes".

Signature Section

13. The check list is to be signed by the BAS and employer.