

On the Job Training Occupation Self-Certification

Instructions: This self-certification is to be completed when applying for On the Job Training.

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|----|---|----------------|
| 1) | Is the occupation I have selected on the local Labor Market Information (LMI) list? | ___Y___N |
| 2) | Is the occupation I have selected from a Sector category? | ___Y___N |
| 3) | a. Is a diploma or GED required for this occupation? | ___Y___N |
| | b. I have attained a high school diploma or GED. | ___Y___N |
| 4) | I am aware that a drug test is required for this occupation. | ___Y___N ___NA |
| 5) | I am aware that a physical is required for this occupation. | ___Y___N ___NA |
| 6) | I am aware that a DMV printout is required for this occupation. | ___Y___N ___NA |
| 7) | I am aware that a background check is required for this occupation. | ___Y___N ___NA |

I _____, certify this information is correct to the best of my knowledge.
 (Print first & last name)

 Signature

 Date