



## ON-THE-JOB TRAINING PRE-APPROVAL APPLICATION

### **EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Training Site Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_ Web Address: \_\_\_\_\_

Date of Inception: \_\_\_\_\_ Number of Years in Business in State of Tennessee: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_ SIC/NAICS Code: \_\_\_\_\_

Total # Current Employees: \_\_\_\_\_ Are any employees in lay-off status?  Yes  No

Person Responsible for the Requested Contract:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Product or Services Produced: \_\_\_\_\_

### **COLLECTIVE BARGAINING AGREEMENT**

Does the employer have a collective bargaining agreement covering any occupations that OJT is to be offered?  Yes  No

If yes, what is the name and contact of the labor organization? \_\_\_\_\_

**INSURANCE** (Workers' Compensation Insurance is required for all Companies participating in OJT. Attach copy of current Certificate of Liability Insurance)

Will OJT participants be covered by Workers' Compensation Insurance?  Yes  No

Name of Workers' Compensation Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION** (Attach Job Description for each job listed below.)

Job Title	# to Hire	Wage/ Hour	Hours /Week	Hours Needed to Train	Answer Yes or No Below					
					Full Time	Permanent Position	License Required	Commission, Tips, Piecework Involved	Seasonal, Temporary, Intermittent	Political, Religious Activity Involved

Job Title	Brief Job Description or Attached Job Description

Are current employees being displaced?  Yes  No

Are current employees' hours being reduced?  Yes  No

Will OJT deny any present employee promotional opportunity?  Yes  No

Please provide employee turnover rate for the past 12 months: \_\_\_\_\_ %

# Employed:	# Temporary:	# on Lay-off:	# Fired:	# Quit:
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**EMPLOYER PAID BENEFITS**

Does the occupation include benefits equal to those received by similarly employed employees?

Yes  No If no, explain: \_\_\_\_\_

What percentage of employee health insurance premiums are paid by the employer? \_\_\_\_\_

What other employer-paid benefits are provided to employees (list all)? \_\_\_\_\_

**LAWS & REGULATIONS COMPLIANCE**

Has the employer been found in violation of anti-discrimination statutes, labor and employment laws, environmental laws, or health and safety laws during the past two years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are the working conditions for the occupation safe, sanitary, and healthy?  Yes  No

Does the employer have the tools, materials, and supervision needed to perform training?  Yes  No

Does the employer have grievance procedures that are available to employees covering terms and conditions of employment?  Yes  No

If no, is the employer willing to use WIOA/AB&T grievance procedures?  Yes  No

**PROPOSED TRAINING**

Provide a brief narrative describing the proposed training, including:

Why the training is needed: \_\_\_\_\_

\_\_\_\_\_

Current business and economic prospects: \_\_\_\_\_

\_\_\_\_\_

Projected growth or expansion in the proposed training occupation: \_\_\_\_\_

\_\_\_\_\_

The company's ability to train and retain proposed trainees: \_\_\_\_\_

\_\_\_\_\_

**OTHER OJT CONTRACTS**

Does the employer have an existing WIA/WIOA-OJT contract?  Yes  No

Has employer terminated more than two participants or reduced any participants' wages or benefits during training or within the last six months without good cause?  Yes  No

Did the employer have previous OJT contracts?  Yes  No

For each current or previous OJT contract, list the months and years of the contract:

\_\_\_\_\_

Was the contractor's performance satisfactory?  Yes  No  N/A

**NEW-EXPANDING-RELOCATION (If answer to first 3 questions is No skip to page 5)**

Is the company or agency new?  Yes  No

Is the company or agency expanding?  Yes  No

Is the company or agency relocating?  Yes  No

If the company or agency is relocating or expanding:

1. Location from where the relocation or expansion is moving: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_

2. Briefly explain why the relocation or expansion is taking place: \_\_\_\_\_

\_\_\_\_\_

3. Is the relocation or expansion within the original labor market area?  Yes  No

4. Are any employees being displaced at the original location by the relocation or expansion?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

5. Has the company or agency been operational for more than 120 days?  Yes  No

6. What date did active operations start at the site? \_\_\_\_\_

7. If applicable, list the name(s), address, and phone numbers of the parent company and all subsidiaries, both in and out of state that the company operates or previously operated.

\_\_\_\_\_

8. Are there any layoffs at the:

a. Proposed training site?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

b. Parent company?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

c. Subsidiaries?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

9. If required, have WARN notices relating to the employer been filed?  Yes  No

**AB&T CONTACT:**

Alliance for Business & Training  
386 Highway 91, PO Box 249  
Elizabethton, TN 37644

Business Services:

Kathy Pierce  
[kpierce@ab-t.org](mailto:kpierce@ab-t.org) – Email  
423-547-7515, #126 – Phone

Tammy Sluder  
[tsluder@ab-t.org](mailto:tsluder@ab-t.org) – Email  
423-547-7515, #133 – Phone

**EMPLOYER:**

By my signature below and as an authorized representative of the Employer, I certify that the information in this application is accurate and complete to the best of my knowledge.

_____	_____
Signature	Date
_____	_____
Printed Name	Position
_____	_____
Email Address	Phone Number

**No new employee can be hired to participate in OJT services until they have been referred to and approved by the Career Services Provider located in the American Job Center.**

**AB&T USE ONLY: Facility Tour**

AB&T representative, \_\_\_\_\_ , toured the facility on \_\_\_\_\_ .

Facility appeared to have safe, sanitary, and healthy working conditions for the occupation?

Yes    No

Employer appears to have the tools, materials, and supervision needed to perform training?

Yes    No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_