

ON-THE-JOB TRAINING (OJT) PROGRAM REQUEST FOR ON-THE-JOB TRAINEE APPROVAL

INSTRUCTIONS: Submit completed form and copy of training program to: *Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, Michigan 48909 or Email to MDOT-OJT@michigan.gov.*

THIS SECTION TO BE COMPLETED BY TRAINEE

NAME		HOME TELEPHONE NO.	CELL PHONE NO.	
ADDRESS		CITY	STATE	ZIP CODE
GENDER Male Female	SOCIAL SECURITY NO.		EMAIL ADDRESS	
ETHNICITY (Check all that apply)				
American Indian (Copy of Tribal Card Required)		Asian or Pacific Islanders	Hispanic	Black (Not of Hispanic Origin)
Caucasian (Not of Hispanic Origin)		Disadvantaged		
TRAINING PROGRAM (Attach a copy of your Training Program)			TOTAL HOURS OF PROGRAM	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you have any experience in the Training Program in which you are to be placed OR have you participated in the OJT Program previously? Yes No
If Yes, please describe previous experience: _____

2. Are you a member or will you become a member of a Construction Trade Union? Yes No
If Yes, please specify which union: _____

3. Do you have a college degree (Associate, Bachelor, Master, etc.)? Yes No
If Yes, please specify degree and area of study: _____

4. Are you currently enrolled in school, on break/leave from school, or registered to start classes? Yes No

5. Previous Employers – starting with the most recent (if applicable)

Employer Name	Job Title	Start Date	End Date
1.			
2.			
3.			

6. Are you related to any owners or officers of this Construction Firm? Yes No

By signing this form, I hereby attest that the information provided on this form is factual and accurate.

TRAINEE'S SIGNATURE (e-signature acceptable)	DATE
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THIS SECTION TO BE COMPLETED BY THE CONTRACTOR

CONTRACTOR NAME		ADDRESS		
COMPANY OJT CONTACT	TELEPHONE NO.	EMAIL ADDRESS		
COMPANY EEO OFFICER	TRAINEE HIRE DATE	TRAINING PROGRAM START DATE		
COMPANY OJT CONTACT OR EEO OFFICER SIGNATURE (e-signature acceptable)				DATE

THIS SECTION TO BE COMPLETED BY MDOT

MDOT APPROVAL	DATE
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