

ON-THE-JOB TRAINING (OJT) PROGRAM TRAINEE INTERVIEW FORM

TRAINEE NAME		CONTRACTOR'S NAME	
TRAINEE'S ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	PHONE NO	LAST 4 OF SOCIAL SECURITY NO.	
TRAINING PROGRAM / JOB CLASSIFICATION	GENDER	ETHNICITY	

Is this your first On-the-Job Training Program Trainee Interview?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If 'YES' continue to question #1. If 'NO', move to question #9.			
1. Have you ever received any apprenticeship training under any type of program before this OJT program? If yes, when and where?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. How did you learn about this OJT Program? <input type="checkbox"/> Contractor <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Union Apprenticeship <input type="checkbox"/> Other: _____			
3. When you began your training, did anyone explain the OJT program to you? If yes, who explained the program to you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Did you understand the OJT training program as explained to you? If no, explain.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Did you receive a copy of your OJT training program? If no, would you like a copy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you enrolled in a union apprenticeship? If yes, which union?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you aware that MDOT monitors your progress monthly?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you seen your company's Equal Employment Opportunity (EEO) Policy Statement?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. What is your current stage or year of training?	10. What is your current hourly wage?		
11. Who is your trainer?			
12. Do you feel you have adequate supervision / access to your supervisor? If no, please explain.		<input type="checkbox"/> YES	<input type="checkbox"/> NO

13. How often is your job performance reviewed? How are your reviews completed?	
14. How often to you perform work outside of your OJT Program? <i>(i.e., if you are a carpenter, how often do you perform laborer duties)</i>	
15. Do you believe you are receiving proper training? If no, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you encountered any problems on the job site <i>(i.e., sexual harassment, racial discrimination, etc.?)</i> If yes, please describe.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Are you aware of your company's discrimination policy and grievance procedures? If yes, who made you aware and when?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Does your company hold meetings in which Equal Employment Opportunity is discussed? If yes, approximate date of last meeting attended.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Who is your company's current Equal Employment Opportunity (EEO) Officer?	
20. Do you feel your company provides equal access to training, promotions, work/crew assignments and other aspects of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.	
21. What expectation(s) do you have for the OJT Program?	
22. Do you desire to graduate from the MDOT OJT Program?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
23. Do you have any questions, comments, or concerns about the OJT Program?	
MDOT INTERVIEWER OR TRAINEE SIGNATURE <i>(e-signature accepted)</i>	DATE