

ON THE JOB TRAINING (OJT) PROGRAM OJT GRADUATE SURVEY

INSTRUCTIONS: Submit completed form to Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909 or Email to MDOT-OJT@michigan.gov. Retain a copy for your records.

PLEASE INDICATE WHO IS RESPONDING TO THIS SURVEY. (Check only **one** response.)

Graduate

Union

Employer / Contractor

GRADUATE'S NAME		
GRADUATE'S ADDRESS		
HOME TELEPHONE NO.	CELL PHONE NO.	GENDER Male Female
PLEASE ANSWER THE FOLLOWING QUESTIONS		
TITLE OF TRAINING PROGRAM COMPLETED		
CONTRACTOR NAME		
DATE TRAINING BEGAN	DATE COMPLETED	
<p>ARE YOU STILL EMPLOYED BY THE CONTRACTOR? YES NO</p> <p>IF YES, what position do you hold now?</p> <p>_____</p> <p>IF NO, last date of employment with the contractor? _____</p> <p>Who do you currently work for and what type of work do you do?</p>		
COMMENTS / REMARKS		

PLEASE PRINT YOUR NAME	PHONE NUMBER
SIGNATURE (e-signature acceptable)	DATE