

OJT REGISTRATION/ENROLLMENT FORM
Include job application/resume

Contractor name: _____

Name: _____

Address: _____ City _____, Maine

Phone No: _____ Social Security No: _____

Ethnic/Protected Class: _____ Sex: ___ Male ___ Female

Training Classification: _____ Hours: _____

_____ New Hire _____ Upgrade _____ Other, describe _____

Enclosed copy of: _____ Resume or _____ Job Application.

Start Date: ___/___/___ Start Wage: \$_____/hr _____% journeyed rate)

Expected
End Date: ___/___/___ End Wage: \$_____/hr _____% journeyed rate)

Site Phone No: _____ EEO Officer: _____

No contractor will be given credit until this form is approved by MaineDOT.

Notice: Per Contract Special Provision 660, should the EEO Officer determine the Contractor has not complied with the approved training program, the number of remaining hours for each trainee will be multiplied by the prevailing wage rate for that particular classification. The resulting figure shall be deducted from the Contractor's final payment.

_____/_____/_____
Trainee Signature Date

_____/_____/_____
Employer Signature Date

FOR MaineDOT USE ONLY:

Approved Denied

MaineDOT Representative Signature Date: _____

(cc: MaineDOT on-site representative Contractor, Trainee, File)

Send to: Women Unlimited
OJT Administrative Coordinator
103 Winthrop Street
Augusta, Maine 04330
Tel (207) 623-75756
Fax (207) 623-7299