

On-the-Job Training (OJT) Employer Application

Business Information	Training Information
This information will be used to complete an accounting profile for your training agreement.	Please provide information about the training and the individual authorized to supervise and represent your business in future agreements.
Federal Employer Identification Number (FEIN):	Job Title:
Business Name (DBA):	Work site Location. Same as Business? Yes: No: If no, please provide:
Employer's Name:	Street:
Business Telephone Number:	City/St/Zip:
Business Address:	Name of Authorized Employer Representative:
City/St/Zip:	
Mailing Address: Same as Business?	Representative's Telephone Number:
Yes: No: If no, please provide:	E-mail Address:
Address:	
City/St/Zip:	Interested in learning more about:
Federal and State Employer Requirements Unemployment Insurance Contribution Account Alaska Business License Workers Compensation Coverage Comprehensive General Liability Coverage Commercial Automobile Liability Insurance if the employee is required to drive a company vehicle. The Employer agrees: To provide the trainee with State Unemployment Insurance, FICA and any other fringe benefits required by law. That the entry-level wage is based on similar positions and training time is comparable for other workers for a similar position.	
 □ To provide reasonable accommodation for any qualified disabled employee to assist in the essential job functions. □ That the position will not interrupt promotional lines for current employees, displace or fire current employees, including partial displacement such as a reduction in workforce hours of non-overtime work, wages, or employment benefits. □ That the job duties will not relate to religious, political or union activities. 	
 The Employer certifies: □ Employer has no outstanding wage and hour claims. □ Previous work site contracts were successful and no federal or state violations occurred. □ Employer will not discriminate against any person because of race, color, national origin, religious creed, political belief, disability, or age in admission to or participation in this program. □ Training will not impair existing contracts for services or collective bargaining agreements. □ If trainee is subjected to the terms of a collective bargaining unit, the training shall only be performed with the concurrence of the collective bargaining agent. 	
I certify to the best of my knowledge the information I provided is	true and accurate:
Employer Name (please print) :	
Signature:	Date:

AJCN-1001 FORMS April 2001