**On-the-Job (OJT) Pre-Award Checklist**

**Employer Eligibility**

**Section 1: Employer Information**

|  |  |
| --- | --- |
| 1. Employer’s legal business name
 |           |
| 1. Federal Employer Identification Number (FEIN)
 |           |
| 1. Former name(s) under which employer conducted business
 |           |
| 1. Employer Address
 | Address |            |
| City, State, Zip |            |
| Web Site URL |            |
| 1. Contact person
 | Name |            |
| Title |            |
| Telephone |            |
| Fax |            |
| Email |            |
| 1. Type of Organization
 |  [ ]  Individual [ ]  Partnership [ ]  Limited Liability Corporation [ ]  For Profit [ ]  Non Profit |
| 1. NAICS Code
 |            |
| 1. Number of current employees
 |            |
| 1. Years in existence
 |            |
| 1. Is the business being sold or merging with another company?
 |  [ ]  Yes [ ]  No |
| 1. Contractor’s workers compensation insurance carrier
 |            |
| 1. Policy #
 |            |
| 1. Policy period
 |            |
| 1. Payroll System
 |        |
| 1. Location of payroll records
 |         |

**Section 2: Meeting Federal /Local Criteria**

Checking off a box indicates you agree to the statement:

|  |
| --- |
| [ ] 1. Employer has operated at current location for at least 120 days. |
| [ ]  1A. Employer in business for less than 120 days and relocated from another area in the U.S.; Employer ensures employees have not been laid off at the previous location as a result of this relocation. |
| [ ] . Employer verifies WIOA will not be used to relocate operation in whole or in part. |
| [ ] . Employer verifies that the establishment, if new or expanding, has not displaced employees from Illinois. |
| [ ] . The OJT does not infringe upon the promotion of or displacement of currently employed workers or a reduction in their hours. |
| [ ] . Employer ensures that no individual is on a layoff from the same or any substantially equivalent job in IL. |
| [ ] . The employer ensures they have not terminated the employment of any regular employee or caused an involuntary reduction in its workforce with the intention of filling the vacancy with OJT trainees. |
| [ ] . The employer ensures the same or equivalent position is not open due to a hiring freeze. |
| [ ] . The OJT trainee is classified as a full-time worker and is not hired for seasonal or temporary employment. |
| [ ] . The OJT trainee’s wages are at least equal to $14.00 per hour and are at the same level as other employees working a similar length of time and doing the same type of work. (Wages must adhere to the OJT policy as provided by the Chicago Cook Workforce Partnership.) |
| [ ] 10. The employer has the capacity and commitment to ensure that the OJT will address skills gaps specific to the individual and company staff has the time and knowledge to carry the necessary training. |
| [ ] 11. The employer agrees to cooperate with monitoring and reporting efforts as required by WIOA legislation and adhere to all other applicable local, state, and federal rules and regulations. |
| [ ] 12. Conditions of employment and training will be in full accordance with all applicable federal, state and local laws and ordinances (including but not limited to anti-discrimination, labor, and employment laws, environmental laws or health and safety laws). 29 CFR 37.38(b). |
| [ ] 13. OJT funds will not be used to directly or indirectly assist, promote or deter union organizing. |
| [ ] 14. Employer certifies that the OJT will not impair existing agreements for services or collective bargaining agreements and that either it has the concurrence of the appropriate labor organization as to the design and conduct of an OJT, or it has no collective bargaining agreement with a labor organization the covers the OJT position.* Is the occupation in which the OJT is being offered subject to a collective bargaining agreement? If yes, please indicate the name, title and union affiliation of the appropriate bargaining representative.
 |
| Bargaining Representative’s Name |            |
| Bargaining Representative’s Title |            |
| Union Affiliation: |            |

**Section 3: Signatures**

I hereby certify that the above information is, to the best of my knowledge, true and correct.

|  |  |
| --- | --- |
| Employer Certifying Official - Contact Name |           |
| Title  |           |
| Signature |  |
| Date |           |

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**To be completed by Agency Only**

Check the appropriate answer - Yes, No and N/A

|  |  |
| --- | --- |
| 1. Have WARN notices relating to the employer been filed in the last year?
 | [ ]  Yes[x]  No |
| 1. Has the employer exhibited a pattern of failing to provide OJT trainees with continued long-term employment in the last 2 years?
 | [ ]  Yes[x]  No[ ]  N/A |
| 1. If question #9 was not checked off of Section 2, attach your agency’s email from The Partnership granting a special circumstance approval.
 | [ ]  Yes[ ]  No[x]  N/A |
| 1. Employer meets all requirements of the OJT pre-award.
 | [x]  Yes[ ]  No |
| Delegate Agency Name |            |
| Delegate Agency Representative Name and Title |            |
| Signature |  |
| Date |            |