



**PRE-AGREEMENT REVIEW SUMMARY
ON-THE-JOB TRAINING (OJT) PROGRAM**

GREATER PENINSULA REGION

Employer Legal Business Name:					
Address:					
Primary Contact:		Title:			
Telephone Number:		Fax Number:			
Email:					
Training Site Address: (if different)					
Year Company was Established:		Year Training Site was Established: (if different)		Total Company Employees:	
FEIN Number:		Type of Organization:	<input type="checkbox"/> Individual	<input type="checkbox"/> For Profit	
			<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corp.	
Primary Business Products:					
Union Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Union: _____				

Qualification Questions		Check One		
		Yes	N/A	No
1.	Does the employer have the capacity and resources to provide the OJT training?			
2.	Does the employer have an adequate system in place to accurately track and report participant time and attendance? If no, explain how it will be tracked and reported: _____			
3.	Has the employer recently relocated a facility and/or operations to this area? If yes, give the date: _____			
4.	If the answer to question 3. is yes, did the relocation result in the dislocation of any employees? If yes, explain: _____			
5.	Has the employer had a previous Peninsula Worklink OJT agreement(s)? If yes, provide the agreement number(s) and job retention results: _____			
6.	Does the employer currently have any employee(s) in a layoff status? If yes, explain: _____			
7.	Does the employer currently have all requisite business licensing and certification requirements necessary for the operation of the business? If no, explain: _____	Yes	N/A	No
	For a small business (< 50 employees) or a newer employer (< 2 years): Copy of business license attached: Yes ___ No ___			

Qualification Questions		Check One	
		Yes	No
8.	If a small business (<50 employees) or a newer employer (<2 years): Is the employer currently engaged in any payroll/fair labor litigation related to any current/former employee (s)? If yes, explain: _____ _____		
9.	Is the employer currently listed on any federal, state or local debarment list? If yes, explain: _____ _____		
10.	Does the employer currently have workman's compensation insurance or equivalent on-site medical and accident insurance to cover the OJT participant(s)? If yes, provide following information: Carrier Name: _____ Account Number: _____ Effective Dates: _____ to _____ For business with fewer than 10 employees and/or doing business locally for less than 12 months: Copy of Workman's compensation proof of insurance attached? Yes ___ No ___ Copy of General Liability proof of insurance attached? Yes ___ No ___		
11.	Does the employer have adequate financial resources to retain the OJT participant(s) upon the successful completion of training?		
12.	Has the employer had any occupational safety oversight agency violations in the last twenty four (24) months? If yes, explain: _____ _____		
13.	Is the employer registered with Virginia Employment Commission (VEC)? <i>If no, has employer applied for account? Yes ___ No ___</i>		
<p>_____ Signature of Employer Date</p> <p>Copy of business license (for businesses w/under 50 employees) Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
BASED ON THE RESULTS OF THE ABOVE REVIEW, WAS THERE ANY KNOWN REASON (S) TO PRECLUDE ENTERING INTO AN OJT AGREEMENT WITH THIS EMPLOYER? IF YES, EXPLAIN: _____ _____			

REVIEW CONDUCTED BY: [] Diana Cordero, Business Services Coordinator Date: _____ [] Other: _____ Date: _____
COMMENTS: