CareerSource NORTH FLORIDA

On-The-Job Training Application

Section 1. Company Information

Company Name: _____ FEIN: _____

Address: _____

City: _____ State: FL ZipCode: _____

Mailing address (if different): _____

City: _____ State: FL ZipCode: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Company Website: _____ EFM username: _____

Years in Business at this Location/In this region: _____

Legal Structure of Organization: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Non-profit ☐ Government

Carries Workers' Compensation Insurance? ☐ Yes ☐ No

Current on all State and Federal tax obligations? ☐ Yes ☐ No

Receiving or applying for other public training funds? ☐ Yes ☐ No

Outstanding liens, judgments, or other defaults? ☐ Yes ☐ No

If this OJT agreement is approved, organization will invoice ☐ Periodically ☐ 1 invoice at the end of training period

(A copy of the organizations latest audit report or certifying statement from bookkeeper/CPA must be attached if entity is requesting periodic invoicing for OJT)

Number of Employees: _____ Full-time _____ Part-time

Are employees required to be union members? ☐ Yes ☐ No

If yes, please provide contact information of union and local official:

Primary NAICS code(s): _____

Description of your businss, product(s), and/or service(s):

Minority ownership (check all that apply):

☐ Native-American ☐ Asian-American ☐ Hispanic-American ☐ African-American ☐ Woman

☐ Other _____

Company is located in:

☐ HUB-Zone ☐ Enterprise Zone ☐ Rural Area

705 E. Base Street | Madison, FL 32340
careersourcenorthflorida.com
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Section 2. Training Information

O*Net code and occupation title: _____

(A copy of the current Targeted Occupations List must be attached with this occupation highlighted)

NAICS/SIC Code(s) _____

Description of OJT position (may also attach detailed job description):

Starting Wage: _____ Wage at Completion of Training: _____

Training Location: _____

Name of Trainer(s): _____ Title: _____

Name of Trainee's Supervisor: _____ Title: _____

(A DRAFT OJT Training Plan should be attached)

Section 3. Estimated Training Program Costs

The costs listed below are ESTIMATES and in no way constitute CareerSource North Florida's contribution to this grant.

However, the amounts shown below should be reasonable estimates based on minimum job requirements.

OJT Estimated Costs

Position Title	Number of Positions	Basic Hourly Wage	Hours per Week	Total # of Training Weeks	Total Wages
					$ 0.00
					$ 0.00
					$ 0.00
				Total	$ 0.00

% of Reimbursement _____

Estimated Reimbursment $ 0.00

Customized Training Estimated Costs

Number of Trainees Reimbursement Percentage Will not Exceed

A. Budget Category	B. Employer Contribution	C. CSNF Contribution	D. Total B+C=D	
1. Reimbursement Request: Instructor Wages/Tuition, Curriculum Development, Materials/Supplies and Textbooks			$ 0.00	
2. Other Costs (describe)			$ 0.00	
3. Travel, Food, Lodging		Grant Cannot Fund	$ 0.00	
4. Trainee Wages (including Benefits)		Grant Cannot Fund	$ 0.00	
5. Totals	$ 0.00	$ 0.00	$ 0.00	
Percentage of training costs	0%	0%	$ 0.00	per trainee

Total Value of CareerSource North Florida's Contribution

OJT Estimated Total	$ 0.00
Customized Training Estimated Total	$ 0.00
Totals:	$ 0.00

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Section 4. Certification by Authorized Company Representative

Status--This Application will be submitted by your Employer Services Representative (ESR) for approval by CareerSource North Florida staff. If approved, the process of Contracting may begin, which includes employee-trainee selection. However, **no start date should be provided to any applicant unless the employer has chosen not to take advantage of the OJT program**. CSNF must vet the desired candidate as qualified for the WIA/OJT program, assess, and collect federal program documentation from the desired candidate. It is only after that process is complete that a start date may be discussed. CSNF works diligently to make sure this process is as quick and smooth as possible but as each case is unique, a timeframe cannot be estimated later in the process. **Intial**_____

Job Opening--All positions must be posted at www.EmployFlorida.com to be considered for OJT. **Intital**_____

Reimbursement Amounts--Amounts in this Application Documents are ESTIMATES only and will be used for planning purposes. Final determinations of reimbursement amounts will be listed on the documents within the Contract. Total reimbursement for wages shall not exceed 50% of employees straight-time wages unless CSNF is in a Waiver period. See Attachment 1 on Guidelines Document for Waiver information. **Intitial**_____

Training--Above all, OJT is a Training Program for individuals. The length of training, training plan, and amount of reimbursement are all contingent on the individual hired. mployer will employ and train the identified trainee, on premises described herein, for the periods and occupations and at the rate stated. Deviations must be requested in writing. Employer will supply all necessary supplies, equipment, materials, supervision, clerical, and all other services required for satisfactory training and will comply with all the OJT requirements and provisions set forth in the Contract Documents. Participant progress reports must be completed when requesting reimbursement. Progress reports should be based on the performance of the individual in terms of the skills to be learned as well as expected work habits. **Initial**_____

Retention--Employers are expected to retain employees beyond completion of training as a direct outcome of this Application. Future use of this program by the employer is contingent on previous success and retention. **Initial**_____

Compliance--Employer assures that there is a need for trained employees in the occupations proposed, they will employ and train identified participants in those occupations, and they will comply with all WIA regulations and guidelines. **Initial**_____

NOTE: The individual signing the application below must have authority to enter into contracts on behalf of the applying company.

As an authorized representative of the organization listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Employer	**Employer Services Representative**
Printed Name	Printed Name
Signature	Signature
Date	Date

Approval--Comments

Deborah Cohn, Deputy Director

Date