



**Southeast Tennessee Development District  
Office of Workforce Development  
On-the-Job Training  
Pre-Award Application**

**On-the-Job Training Pre-Award Contract Information**

Section Three of the Workforce Innovation & Opportunity Act (WIOA) defines On-the-Job Training (OJT) as training by an employer in the public, private non-profit, or private sector that is provided to a paid participant who is engaged in productive work that provides knowledge or skills essential to the full and adequate performance of the job. On-the-Job Training provides reimbursement to the employer up to fifty percent (50%) of the wage rate of the participant, for the extraordinary cost of providing the training and additional supervision related to the training. Job Opening(s) must lead to employment for In Demand occupations with a self-sustaining wage or be a part of a Career Pathway towards self-sufficiency.

Section 683.260 of requires a standardized pre-award review be completed and documented jointly by the Local Workforce Innovation & Opportunity Area with the establishment of business as a prerequisite to Workforce Innovation & Opportunity Act assistance to verify that an establishment or business which is new or expanding is not, in fact, relocating employment from one area to another.

In addition to the pre-award review required by the Workforce Innovation & Opportunity Act, other information required by the Tennessee Department of Labor and Workforce Development (TDOLWD) is required in the On-the-Job Training pre-award contract application.

**On-the-Job Training Pre-Award Contract Application**

Business Name: \_\_\_\_\_

Company Representative responsible for the operation of this contract: \_\_\_\_\_

- Title: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_

Training Site Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: \_\_\_\_\_

IRS Number: \_\_\_\_\_ DUNS # \_\_\_\_\_

Authorized Designee : \_\_\_\_\_ Title: \_\_\_\_\_

If the Company Representative listed above is unavailable, the Designee has the authority to sign and submit invoices and supporting documentation to the American Job Centers on behalf of the Business.

1. Contractor's products or services: \_\_\_\_\_
2. Year Company was established: \_\_\_\_\_
3. Total Number of current employees: \_\_\_\_\_
4. Is anyone in a layoff status? Yes \_\_\_\_\_ No \_\_\_\_\_

**Concurrence of the Collective Bargaining Agent**

Are any of the occupations in which employment and training is to be offered subject to a collective bargaining agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, labor organization: \_\_\_\_\_

**Insurance**

Will new employees be covered by Worker's Compensation Insurance?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Workers Compensation Insurance or equivalent on-site medical and accident insurance is required for all On-the-Job Training participants. Please provide the following:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**(A certificate of liability must be attached to the application)**

**Previous or Current On-the-Job Training Contracts**

Purpose: 20 CFR 680.700 of the Workforce Innovation & Opportunity Act regulations establish that OJT contracts must not be entered into with an employer who has received payments under previous contracts under WIOA if the employer has exhibited a pattern of failure to provide OJT participants with continued long-term employment as regular employees with wages and benefits (including health benefits) and working conditions at the same level and to the same extent as other employees working a similar length of time and doing the same type of work. On-the-Job Training contracts must be limited to the period of time required for a participant to become productive in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's IEP. For the purpose of this provision the following criteria will apply:

1. A pattern of failure is defined as an employer who has received two (2) or more On-the-Job Training contracts and has failed to continually employ a majority of those individuals after the completion of training, with wages and benefits at the same level as similarly situated employees.
2. Employers who meet the criteria in item 1 will be considered ineligible for Workforce Innovation & Opportunity Act funded programs for a period of twelve (12) months from the date of termination of the last On-the-Job Training contract.
3. Participants who have been terminated for cause, quit voluntarily, released due to unforeseeable changes in business conditions, or employed by another employer in a training-related position may be counted in the determination of pattern of failure. The Southeast Tennessee Development District must account for these individuals and document that the employer met the training needs of the participant.

Does the business or establishment have a current or previous On-the-Job Training contract?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the On-the-Job Training contract performance satisfactory?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Resources to Perform Training**

Does the business have tools, materials and supervision needed to perform training?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has the Business Services Representative toured the plant or facility?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, the contract representative must tour the plant or facility before completion of this application.)

**Grievance Procedure**

Does the business have grievance procedures available to participating employee(s) in regard to terms/conditions of employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If no, is the employer willing to use Workforce Innovation & Opportunity Act grievance procedures?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Relocation/Expanding Business**

Section 181 (d) (1) of the Workforce Innovation & Opportunity Act prohibits the use of funds to encourage or induce the relocation of a business or part of a business if such relocation would result in a loss of employment of any employee of such business at the original location and such original location is within the United States.

- A. Is the business new? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Is the business relocating? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Is the business expanding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to (B) or (C), list name, address and telephone number of previous location or home base from which the relocation or expansion is taking place.

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- D. Is the relocation or expansion within the original labor market area?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Has the business been open for more than one hundred twenty (120) days?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Open for business is defined as a company or an existing establishment that has assigned staff who are on their payroll for the purpose of expanding or starting a new business.
- F. On a separate sheet of paper list the name(s), address, and telephone number of the parent company and all subsidiaries both in and out of state under which this company operated or previously operated (if applicable).
- G. Are there any layoffs at the:

Proposed training site? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Parent company? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Subsidiaries? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

**Job Titles – Descriptions – DOT/SOC Codes**

Approximately how many positions are open and available for hire? \_\_\_\_\_

Please list the DOT/SOC Codes, Job Titles and a brief Job Description of each position. (If additional space is needed, use a separate sheet of paper and attach to the back.)

<b><u>DOT/SOC Code</u></b>	<b><u>Wage</u></b>	<b><u>Job Title</u></b>	<b><u>Brief Job Description (or attach)</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Company Signature for On-the-Job Training Contract:**

\_\_\_\_\_  
**Print** Name and Title of Company Representative

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Administrative Approval for On-the-Job Training Contract:**

\_\_\_\_\_  
 Business Services Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Workforce Development Administrator

\_\_\_\_\_  
 Date

This project is funded under an agreement with the Tennessee Department of Labor & Workforce Development. Equal Opportunity Employer/Program. Auxiliary aids and service available upon request to individuals with disabilities. TDD/TTY TN 711.