

Employer OJT Eligibility Determination		
WIA OJT Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
JD NEG Project Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Project Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checklist Completion Date:		

## Massachusetts On-the-Job Training (OJT) OJT Employer Eligibility Checklist

### Section 1: Employer Information

Employer's Legal Business Name:		
Alternative Business Name(s) (including DBAs):		
MOSES Employer ID:	FEIN <sup>1</sup> :	
DUA No. <sup>2</sup>	DUNS No. <sup>3</sup> :	
Business Address:		
City:	State:	ZIP:
OJT Site Address (If different than above):		
City:	State:	ZIP:
Employer OJT Contact Person:	Title:	
Contact Telephone Number	E-mail:	Fax:
Type of Business*: <input type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Short Description of Business:		
Employer NAICS Code <sup>4</sup> :	# of Employees on OJT Site:	Years in Existence:
Is the Business being sold or merging with another employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES, Provide explanation:		

### Section 2: Employer Review

1) Has the employer had any lay-offs in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1a) If YES, provide explanation:	
2) Has the employer filed any WARN <sup>5</sup> notices in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2a) If YES, provide explanation:	
3) Has the employer failed to provide OJT Trainees with continued long-term	Yes <input type="checkbox"/> No <input type="checkbox"/>

<sup>1</sup> Federal Employer Identification Number (FEIN)

<sup>2</sup> Department of Unemployment Assistance (DUA)

<sup>3</sup> Dun & Bradstreet (D&B) provides a "data universal number system" (DUNS) which is a unique nine-digit identification number for each business. The federal government requires organizations to provide a DUNS number as part of their grant applications and proposals. *It is not required for OJT in Massachusetts.*

<sup>4</sup> North American Classification Systems (NAICS)

<sup>5</sup> Worker Adjustment and Retraining Notification (WARN) [<http://www.doleta.gov/programs/factsht/warn.htm>]

employment in the past?	
3a) If YES, provide explanation:	
4) Has the employer already hired the prospective OJT Trainee(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a) If YES, provide explanation:	

### Section 3: Meeting Federal Criteria

5) Is the employer looking to relocate operations in whole or in part?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5a) If YES, does the company intend to use WIA funds for relocation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) Has the employer relocated less than 120 days ago?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6a) If YES, were employees laid off at the previous location as a result of the re-location?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Is the employer able to commit to providing long-term employment for successful OJT Trainees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7a) If NO, provide explanation:	
8) Will OJT funds be used to directly or indirectly assist, promote or deter union organizing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Will the OJT result in the full or partial displacement of employed workers? <sup>6</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Does the employer agree to provide OJT Trainee wages that are at least equal to:	
a) The Federal, state or local minimum wage (which ever is highest)? <sup>7</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Other employees in the same occupation with similar experience	Yes <input type="checkbox"/> No <input type="checkbox"/>
11) Does the employer agree to provide Trainees with the same workers' compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, provide explanation:	
12) Does the employer agree to comply with the non-discrimination and equal opportunity provisions of the Workforce Investment Act of 1998 and its regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Section 4: Meeting Commonwealth Criteria

13) Is the employer in good standing with the Department of Unemployment Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14) Is the business currently debarred from doing business with the Commonwealth or the federal government according to the following lists:	

<sup>6</sup> Displacement occurs when: 1) the employer has terminated the employment of any regular employee with the intention of filling the vacancy with an OJT participant; 2) when the OJT position infringes on the promotional opportunities of currently employed workers; or 3) when an individual is on layoff from the same or any substantially equivalent job as the OJT position. Displacement may also include a reduction in the hours of non-overtime work, wages, or employment benefits of any currently employed employee.

<sup>7</sup> According to the Fair Labor Standards Act

a. <a href="#">Federal Government's Excluded Parties List System</a>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. <a href="#">Division of Capital Asset Management Debarred Contractor's List</a>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. <a href="#">Businesses Issued Stop Work Orders by the Department of Industrial Accidents</a>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Office of the Attorney General Debarment List	Yes <input type="checkbox"/> No <input type="checkbox"/>
15) Has the employer been issued a Certificate of Good Standing from the Massachusetts Department of Revenue within 6 six months of the anticipated OJT start date? (If YES, attach to this checklist)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15a) If NO, provide explanation <sup>8</sup> :	

### Section 5: OJT Information

Potential OJT Positions:	
Are any of the positions of a seasonal, part-time or interim nature?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, explain:	
Additional Comments:	
Employer meets all requirements of WIA OJT Eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer meets all requirements of WIA JD-NEG Project Eligibility (Complete Employer OJT Eligibility Determination on front page)	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Section 6: Signatures

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

Employer Signature:	Date:
Type/Print Name:	Title:

### Checklist Prepared By:

Signature:	Date:
Type/Print Name:	Title:
Career Center/REB Staff:	

<sup>8</sup> Note: A certificate of good standing from the Department of Revenue issued within 6 months of the OJT start date is required to execute an OJT Contract.