|  |
| --- |
| **Employer OJT Eligibility Determination** |
| **WIOA OJT Eligible** [ ]  Yes [ ]  No  |
| **Checklist Completion Date**:       |

***ATTACHMENT B***

# 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[[1]](#footnote-1):       |
| DUA No.[[2]](#footnote-2)       | DUNS No.[[3]](#footnote-3):       |
| 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: [ ]  Private: [ ]  Not-for-Profit [ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation |
| Brief Description of Business:       |
| Employer NAICS Code[[4]](#footnote-4):       | # of Employees on OJT Site:       | Years in Existence:       |
| Is the Business being sold or merging with another employer: Yes [ ]  No [ ]  |
| If YES, Provide explanation:        |
| For informational purposes only: Is the site handicapped accessible? Yes [ ]  No [ ]  |
| If YES, explain:       |

# Section 2: Employer Review

|  |  |
| --- | --- |
| 1. Has the employer had any lay-offs in the last 3 years?
 | Yes [ ]  No [ ]   |
|  1a) If YES, provide explanation:       |  |
| 1. Has the employer filed any WARN[[5]](#footnote-5) notices in the last 3 years?
 | Yes [ ]  No [ ]  |
|  2a) If YES, provide explanation:       |
| 1. Has the employer failed to provide OJT Trainees with continued long-term employment in the past?
 | Yes [ ]  No [ ]  |
|  3a) If YES, provide explanation:       |
| 1. Has the employer already hired the prospective OJT Trainee(s)?
 | Yes [ ]  No [ ]  |
|  4a) If YES, provide explanation:       |  |

# Section 3: Meeting Federal Criteria

|  |  |
| --- | --- |
| 1. Is the employer looking to relocate operations in whole or in part?
 | Yes [ ]  No [ ]  |
|  5a) If YES, does the company intend to use WIOA funds for relocation? | Yes [ ]  No [ ]  |
| 1. Has the employer relocated within the past 120 days?
 | Yes [ ]  No [ ]  |
|  6a) If YES, were employees laid off at the previous location as a result of the re-location? | Yes [ ]  No [ ]  |
| 1. Is the employer able to commit to providing long-term employment for successful OJT Trainees?
 | Yes [ ]  No [ ]  |
|  7a) If NO, provide explanation:       |
| 1. Will OJT funds be used to directly or indirectly assist, promote or deter union organizing?
 | Yes [ ]  No [ ]   |
| 1. Will the OJT result in the full or partial displacement of employed workers?[[6]](#footnote-6)
 | Yes [ ]  No [ ]   |
| 1. Does the employer agree to provide OJT Trainee wages that are at least equal to:
2. The Federal, state or local minimum wage (which ever is highest)?[[7]](#footnote-7)
3. Other employees in the same occupation with similar experience
 | Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| 1. Does the employer agree to provide the OJT Trainee with the same workers’ compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees?
 | Yes [ ]  No [ ]  |
|  If NO, provide explanation:       |
| 1. Does the employer agree to comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act of 2014 and its regulations?
 | Yes [ ]  No [ ]  |

# Section 4: Meeting Commonwealth Criteria

|  |  |
| --- | --- |
| 1. Is the employer in good standing with the Department of Unemployment Assistance?
 | Yes [ ]  No [ ]  |
| 1. Is the business currently debarred from doing business with the Commonwealth or the federal government according to the following lists:
	1. [[Federal Government’s Excluded Parties List System](http://www.gao.gov/products/GAO-09-174)](https://www.ecfr.gov/current/title-31/subtitle-A/part-19/subpart-E)
	2. [Division of Capital Asset Management Debarred Contractor’s List](https://www.mass.gov/debarred-suspended-or-decertified-contractors)[￼](https://www.mass.gov/debarred-suspended-or-decertified-contractors?_gl=1*kmsk98*_ga*MTk2MjkzMjU0OS4xNzI4NDEwNDcy*_ga_MCLPEGW7WM*czE3NTk0MzI0MjEkbzE3JGcwJHQxNzU5NDMyNDIxJGo2MCRsMCRoMA..)
	3. [Businesses Issued Stop Work Orders by the Department of Industrial Accidents￼](https://www.mass.gov/info-details/debarment-list-businesses-unable-to-bid-on-public-works-contracts)
	4. [Office of the Attorney General Debarment List](https://www.mass.gov/info-details/fair-labor-division-data#:~:text=This%20list%20contains%20current%20and%20historical%20debarment%20information,debarment%20beginning%20and%20end%20dates%2C%20and%20other%20criteria.)
 | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| 1. 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 [ ]  No [ ]  |
| 15a) If NO, provide explanation[[8]](#footnote-8):       |

# Section 5: OJT Information

|  |
| --- |
| Potential OJT Positions:       |
| 1. Are any of the positions of a seasonal, part-time or interim nature?
 | Yes [ ]  No [ ]  |
| 16a) If YES, explain:  |
| Additional Comments:        |
| Employer meets all requirements of WIOA OJT Eligibility  | Yes [ ]  No [ ]  |

# 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:       |

1. Federal Employer Identification Number (FEIN) [↑](#footnote-ref-1)
2. Department of Unemployment Assistance (DUA) [↑](#footnote-ref-2)
3. 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.* [↑](#footnote-ref-3)
4. North American Classification Systems (NAICS) [↑](#footnote-ref-4)
5. Worker Adjustment and Retraining Notification (WARN) [http://www.doleta.gov/programs/factsht/warn.htm] [↑](#footnote-ref-5)
6. 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. [↑](#footnote-ref-6)
7. According to the Fair Labor Standards Act [↑](#footnote-ref-7)
8. 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. [↑](#footnote-ref-8)