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| **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)