***ATTACHMENT C***

**Massachusetts On-the-Job Training (OJT)**

**Sample OJT Skill Gap Form**

**I. GENERAL OJT INFORMATION**

|  |  |
| --- | --- |
| Date Submitted:       | Career Center Name:       |
| Career Center Contact Person:       | Contact Person Phone:       |
| Employer Name:       | Employer MOSES ID:       |
| Employer Phone #:       | Employer Fax #:       |
| Employer E-mail:       |
| OJT Training Address:       |
| Trainee Name:       | MOSES ID#:       |

|  |  |
| --- | --- |
| OJT Position Title:       | O\*NET SOC #:       |
| O\*NET Job Zone:       | SVP Level:       |
| OJT Start Date:       | OJT End Date:  |
| Total Training Hours:  | Number of Training Weeks:  |
| Hourly Rate: **$** | Reimbursement Rate **%** |
| Total Estimated Contract Amount: **$** |
| Additional Information:       |

**II. SKILL GAP ANALYSIS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Skills for OJT Position** | **Candidate****Skill Level** | **How Skill Level Determined****SA** = Self Attestation**AR** = Assessment Results (please specify assessment instrument used)**O** = Other (please specify) | **Notes / Explanation** |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
|  | [ ]  Unskilled[ ]  Some Skill[ ]  Skilled |  |  |
| **Estimated Total Training Hours:** |  |  |

*Add additional rows or sheets as necessary*

**III. SIGNATURES**

|  |
| --- |
| ***I agree that this form is an accurate reflection of my skill level in relation to the potential On-the-Job Training position in question.*** |
| OJT Candidate Signature:  | Type/Print Name:       | Date: |

|  |
| --- |
| ***I hereby certify that the information contained herein is, to the best of my knowledge, true and correct.*** |
| Career Center Staff Signature:  | Date:  |
| Type/Print Name:       | Title:       | Career Center:       |