

**Massachusetts On-the-Job Training (OJT)
OJT Pre-Contract and Skills Gap Analysis Form**

CONTACT INFORMATION

Date Submitted:	
Primary Operator/Fiscal Agent: Regional Employment Board of Hampden County	
Primary Operator Contact Person: MELISSA SCIBELLI	
Career Center Name:	
Career Center Contact Person (SPoC):	
Contact Person (SPoC) Phone:	
Employer Name:	Employer MOSES ID:
Employer Phone #:	Employer Fax #:
OJT Training Address:	
Trainee Name:	MOSES ID#:
Is the Trainee long-term unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
Estimated Total Training Hours:			

Add additional rows or sheets as necessary

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:
--------------------------	------------------	-------

ON-THE-JOB TRAINING DETAILS

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

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