OJT Eligibility

Responses to the following questions will be used pre-employment training and the On-the-Job train financial incentives for employers to hire eligible in	ing program. On-the-Job training is a struct	ured trai	ining program that wil	
1. Name (First, Middle and Last)				
Address		City	Zip	-
2. Gender Male Female	US Citizen Yes No			
3. Social Security Number	Date of Birth			
4. Phone (Cell)	(Landline/Home)			
5. Email:				
6. Are you currently unemployed or have you	been notified that you will be laid off?	Yes	No	
6.A Are you unemployed, or is your in	mpending lay off, due to Covid-19?	Yes	No	
7. Are you receiving or have exhausted unemployment insurance payments?			No	
8. Are you currently receiving food assistance	? Yes No			
WORK HISTORY - Please start with your pre	sent/most recent job and complete a	Ill infor	mation.	
Employer				
Starting Date	Ending Date			
Job Title	Average Hours Worked Per Wee	k	Salary	
Reason for Leaving (Be Specific)				
Employer				
Starting Date				
Job Title				_
Reason for Leaving (Be Specific)				
Employer				
Starting Date	Ending Date			
Job Title	Average Hours Worked Per Wee	k	Salary	
Reason for Leaving (Be Specific)				
Signature:				
-				
Eaathills	Regional Commission			

