



NH DEPARTMENT OF TRANSPORTATION OJT PROGRAM ENROLLMENT/REGISTRATION FORM

Date: _____

Project Location: _____ Project Number: _____

Trainee Name: _____ Telephone #: _____

Trainee Address: _____

Ethnic Group Designation: _____ Gender: _____ Male: _____ Female

_____ Disabled Person _____ Ex-Offender _____ Ex-Welfare Recipient

_____ New Hire _____ Rehire _____ Upgrade

If Upgrade or Re-Hire, Explain: _____

Training Classification: _____ Hours of Training Required: _____

Name of Trainer: _____ Site Phone No: _____

Training Start Date: _____ Original Date Trainee Hired: _____

TRAINING INCREMENTS: Full Journeyman Rate: \$ _____ /hr

1st Half: \$ _____ /hr. 3rd Qtr: \$ _____ /hr 4th Qtr: \$ _____ /hr
(60% of journeyman rate minimum) (75% of journeyman rate minimum) (90% of journeyman rate minimum)

Trainee Acknowledgement/Signature: _____ Date: _____

CONTRACTOR'S CERTIFICATION: A copy of the selected training classification and program manual to which it applies have been issued to the trainee. I further certify that the trainee has not been employed as a journeyman worker in the classification for which he/she will receive training:

Company EEO Officer Signature: _____ Date: _____

FOR NH DEPARTMENT OF TRANSPORTATION USE ONLY APPROVAL OF TRAINING PROGRAM

Training Classification _____ Total Program Hours _____

NHDOT Contract Administrator _____ Date _____ NHDOT External EEO Coordinator _____ Date _____

Distribution: Original to NHDOT External EEO Coordinator for review/approval. Office of Federal Compliance will coordinate training with DOT Contract Administrator and get signature. Three approved/signed copies will then be forwarded to the DOT Contract Administrator for distribution: 1 – Project Records; 1 – Contractor; 1 – Trainee