



ON THE JOB TRAINING  
**OJT** Grant

**Tompkins County Chamber of Commerce**  
*A Part of the Healthy Workforce Network*

**Preliminary Review – Business or Nonprofit Partner Application for On-the-Job Training, 2023**

**Instructions: Please complete all items on this application.**

**To facilitate your review, please prepare this application electronically, if possible.**

**1. Business or Nonprofit Organization Information**

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_ DUNS: \_\_\_\_\_

Previous Name of Business, if any: \_\_\_\_\_

FEIN, if different: \_\_\_\_\_

**2. Contact Person**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**3. Business Background**

- a. Has your company relocated from another area in the U. S. within the last 120 days?

Yes  No

If so, were there any employees laid off at that former location? Yes  No

- b. How long have you been in business in this area? \_\_\_\_\_
- c. How many full-time employees do you have? \_\_\_\_\_
- d. Are any employees on layoff currently? Yes  No
- a. If so, how many employees and in what job titles? \_\_\_\_\_
- e. Have any WARN notices been filed within the past year? Yes  No
- f. Has your business sought WIA/TGAA or other assistance in connection with past or impending job losses at other facilities during the past year? Yes  No
- g. What job titles/job descriptions are you seeking to fill with OJT trainees? (use the job description form provided – and attach existing job descriptions in lieu of completing the job description section in the form)
- h. Is this application for direct employment at your business? Yes  No  (if no, continue to question \_\_\_\_\_)
- i. Are jobs expected to last a year or more in the normal course of business?  
Yes  No
- j. Are all job openings in New York State? Yes  No
- k. Are any of the jobs considered for an OJT candidate classified as “independent contractor” positions, or would individuals not be employed by your firm during the entire training period? Yes  No
- l. Are any of the jobs covered by a collective bargaining agreement? Yes  No
- (If so, we will need to obtain a letter of concurrence from the union(s))
- m. Is your business currently engaged in any labor disputes with a labor organization?  
Yes  No
- n. Do any of the jobs pay based upon commissions, tips, piece work or incentives?  
Yes  No  If yes, please explain. Use additional sheets, if necessary.
- o. What percentage of previous trainees, over the last two (2) years, have completed training and been retained by your firm?
1. Number of OJT trainees:
  2. Number of OJT employees retained:
  3. Percentage retained:

p. I have verified that the candidate participating in the on-the-job training with my firm is a person in recovery from substance use disorder.

Yes

No

q. Is your organization operating a training program, with the understanding that your trainees are people in recovery, and will build basic job skills/soft skills, or other technical skills to prepare for regular part or full time employment in the future?

Yes

No

If YES, how much funding per trainee are you seeking, and for what purposes?

Amount per trainee: \$\_\_\_\_\_

Total Amount: \$\_\_\_\_\_

For what purposes? (stipends, materials, clothing/shoes, equipment or training course needs)

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r. Is your organization directly serving people in recovery through your mission-driven services or offerings, and the staff member you are seeking OJT funding for a direct provider of those services?

Yes

No

**4. Business Applicant Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## On-the-Job Training (OJT) Job Description

Complete a separate description for each OJT title.

<b>Job Title:</b>			<b>O*Net Code:</b>
<b>Job Description:</b>			
<b>Job Location:</b>			
<b>Anticipated Start Date</b>	<b>Shift Days and Hours</b>	<b>Hourly Wage Rate</b>	
<b>Supervisor:</b>	<b>Title:</b>		
<b>Is this position subject to a Collective Bargaining Agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," specify the name of the union?			

### **NOTE:**

\* You must attach the [role description](#) for the job to this application

\*\* The skills form on the subsequent page must be filled out at time of application; half way through the training period; at completion of the grant.

## Training Program Description

Complete a separate description for each separate training type or trainee role.

<b>Job or Program Title:</b>			
<b>Job Description/ skills to be trained:</b>			
<b>Job Location(s):</b>			
<b>Anticipated Start Date</b>	<b>Shift Days and Hours or length of training</b>	<b>Hourly Wage Rate or Stipend amount</b>	
<b>QTY of Trainees expected:</b>			
<b>Supervisor:</b>		<b>Title:</b>	

**TOMPKINS COUNTY CHAMBER OF COMMERCE  
OJT JOB SPECIFIC COMPETENCIES, 2023**

Employer: \_\_\_\_\_ Employee: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**Ratings: 1** -Without supervision; **2** - With Supervision; **3** - Taught, but not assessed;  
**4** - Not taught; **5** - Not achieved

SKILL/COMPETENCY	Training	Rating	Rating	Rating
	Est. OJT Hours	Date:	Date:	Date:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*At end of OJT Training:*

I certify that the employee has achieved an acceptable competency level for the job title noted above.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_