



**EMPLOYER INFORMATION**

|   |                             |                     |
|---|-----------------------------|---------------------|
| Employer's Legal Business Name:   |                             |                     |
| Alternative Business Name(s):   |                             |                     |
| FEIN:   | # of Employees on OJT Site: | Years in Existence: |
| Business Address:   |                             |                     |
| City:   | State:                      | ZIP:                |
| OJT Site Address (If different than above):   |                             |                     |
| City:   | State:                      | ZIP:                |
| Employer OJT Contact Person and Phone Number:   |                             |                     |
| Title:  | E-mail:                     | Fax:                |
| Brief Description of Business/Sector:   |                             |                     |
| Is the Business being sold or merging with another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                     |
| If YES, Provide explanation:  |                             |                     |

**EMPLOYER ELIGIBILITY REVIEW**

| Question  | Yes                      | No                       | Comments |
|---|--------------------------|--------------------------|----------|
| Has the employer: <ul style="list-style-type: none"> <li><input type="checkbox"/> Recalled – or attempted to recall, in good faith – all employees who entered active layoff or participated in the Missouri Shared Work Unemployment Compensation Program within the past 365 days in the local labor market area; and</li> <li><input type="checkbox"/> Not given notice of layoff to any employees from the same position or any substantially equivalent position.</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the training displace current employees?   | <input type="checkbox"/> | <input type="checkbox"/> |          |



**EMPLOYER ELIGIBILITY REVIEW**

| Question  | Yes                      | No                       | Comments |
|---|--------------------------|--------------------------|----------|
| Does the company have regulations that address safety and health issues?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the company appear to have appropriate supervision and training provided for all previous/current WIOA participants?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is the position seasonal employment? (if yes, not eligible)   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is the position full-time position, defined as 32 or more hours per week? (If no, not eligible)   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the training duplicate a service already available through other programs of Missouri Department of Economic Development, including the Missouri One Start Program? (If yes, not eligible) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is the trainee's situation equivalent to that of regular employees who have worked a similar length of time and are doing the same type of work?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the training impair any existing agreement for services or collective bargaining agreements?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is the proposed Training Agreement for temporary or for intermittent employment, or for employment in an occupation for a fee? (Not Eligible)   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does position pay at least \$15/hour?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Are the wages and benefits appropriate based on O*NET State and National Wage Tables?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the employer pay its employer wage taxes?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does position come with benefits? If yes, describe.   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does position have potential for career advancement in any way?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is company an equal opportunity employer?   | <input type="checkbox"/> | <input type="checkbox"/> |          |

**ELIGIBILITY DETERMINATION**

EMPLOYER MEETS ALL REQUIREMENTS OF WIOA OJT ELIGIBILITY  Y  N

IF NO, EXPLAIN:

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

Date: \_\_\_\_\_

OWD Representative/Date: \_\_\_\_\_

Date: \_\_\_\_\_

**UPON COMPLETION: UPLOAD TO EMPLOYER RECORD**