

District:	Indiana Dept. of Transportation Economic Opportunity Division 100 North Senate Avenue Room N750 Indianapolis, Indiana 46204-2216 (317) 233-6511 FAX: (317) 233-0891 An Equal Opportunity Employer • http://www.in.gov/indot/2576.htm		
Contractor:			
Employment Period:			
Job Classification:			
OJT Trainee Introduction Form			
1. Contractor Name and Address:		1a. Address:	
2. Name of Trainee:		2a. Address/Telephone Number:	
3. Date of Birth:	4. Social Security Number: (last 4 digits)	5. Employee Status (Check One): <input type="checkbox"/> New Hire <input type="checkbox"/> Up-Grade – From what? _____	
6. Racial/Ethnic Identification (Check One): <input type="checkbox"/> Black <input type="checkbox"/> American-Indian <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White		7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
8. Summary of Previous Training (Enter total hours and type of training received by Trainee):		9. DWD Major Opportunities Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does Trainee Have Any Experience Performing Work Stipulated Under the Approved Program? Yes _____ No _____. If Yes, briefly summarize: _____ _____			
11. Job Classification of Trainee (Name or title of training program):		12. Date Training Started On this Contract:	13. How Long Has Trainee worked for Contractor?
14. Type of Training Program: <input type="checkbox"/> Union Apprenticeship <input type="checkbox"/> American Road Builders <input type="checkbox"/> Indiana Laborers Training Program <input type="checkbox"/> Contractor Developed/BAT Approved <input type="checkbox"/> Other – Specify _____			
15. Total Hours of Training Program Overall:		16. Starting Wage Rate for Trainee On Contract:	
17. How Was Trainee Secured (Check One): <input type="checkbox"/> Union <input type="checkbox"/> Minority Organization or Agency <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Other _____			
18. Has Trainee Received Copy of Training Program? Yes _____ No _____		19. Is Trainee Aware of His/Her Training Status? Yes _____ No _____	
20. Craft Union Affiliation And/Or Council Affiliation Of Trainee (Indicate below using N/A if not applicable) Union _____ Local Number _____ District Council _____ How Long A Member? _____			
21. PREPARED BY: (Signature and Title of Contractor's Representative)			22. Date
23. REVIEWED BY: (Signature and Title of OJT Compliance Officer – Central Office)			24. Date

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Job Classification:										
Review Period:										
Completion Date:										
Quarterly OJT Trainee Report (Due April 20 th , July 20 th , and October 20 th)										
1. Contractor Name and Address:										
2. Name of Trainee:		3. Address:								
4. Age:	5. Date Of Birth:	6. Social Security Number: (last 4 digits)	7. Phone Number(s):							
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Racial/Ethnic Identification (Check One): <input type="checkbox"/> Black <input type="checkbox"/> American-Indian <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White									
Contractor, please circle 1-10: (1, 2, 3 = Poor Performance) (4, 5, 6, 7 = Average Performance) (8, 9, 10 = Excellent Performance)										
10. Attendance:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11. Attitude toward co-workers & employer:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
12. Job Knowledge:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
13. Use of time:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
14. Handling of tools, equipment & material:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
15. Observance of safety rules:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
16. Professional Appearance/Preparedness	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
17. Overall Ability:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
18. Hours obtained this quarter _____ Total program hours obtained to date _____ Hours obtained on INDOT projects _____										
19. Comments:										
20. PREPARED BY: (Signature and Title of Contractor's Representative)										
Date:										
21. PREPARED BY: (Signature and Title of Contractor's EEO Officer)										
Date:										
22. REVIEWED BY: (Signature and Title of OJT Compliance Officer)										
Date:										

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Review Period:	

Annual Summary OJT Training Report

Contractor Name and Address:

Annual Training Goal: _____

Hours Attained: _____

Number of Trainees: _____

Terminations: _____

Completions: _____

Contracts on which trainees worked: _____

Notes: _____

PREPARED BY: (Signature and Title of Contractor's Representative)

Date:

PREPARED BY: (Signature and Title of Contractor's EEO Officer)

Date:

REVIEWED BY: (Signature and Title of OJT Compliance Officer)

Date: