

Employer Questionnaire

NEMO Workforce Development Board

Employer Name: _____
Address: _____

Phone #: _____
Date: _____

# Positions	Job Title of Positions to be filled:	Starting Wage	Ending Wage (if wage may change within 6 months)
		\$	\$
		\$	\$

Yes	No	N/A	Please Respond either "Yes" or "No" for each of the following questions/statements.
			1. Is the position you are seeking to fill seasonal or temporary?
			2. Does the worksite provide a safe and healthy work environment?
			3. Does the company have any uncorrected citations from OSHA?
			4. Has the company laid-off any employees during the past two years? * If yes, please list location, number of employees and affected date of layoff.
			5. Does the company currently have any employees on active layoff or who have been given or will be given notice of layoff? * If yes, please list the location by city and state, number of employees affected and the date of layoff.
			6. If employees are currently laid off, will all individuals on layoff (or who have received notice of layoff) be recalled or rehired prior to or as a result of the position listed in the request for "On-the-Job" training?
			7. Will the OJT trainee(s) result in the layoff or displacement of current employees?
			8. Is your request for OJT the result of your company's total or partial relocation? If yes, please explain. * If relocating, will the company's relocation result in any layoffs? If yes, how many? _____ * Were those employees who were laid off given the option to relocate with the company? _____
			9. Is the company involved in a labor dispute or subject to an unsigned collective bargaining agreement?
			10. If a collective bargaining agreement is in place, will the union agent provide a letter of concurrence stating the OJT is consistent with the collective bargaining agreement?
			11. Are the individuals who will be participating in the proposed training covered by a collective bargaining agreement? * If yes, please list the union, contact person, address, and phone number below.
			Union: _____ Contact person: _____
			Phone number: _____
			Address: _____
			12. Is there a work stoppage or company lockout in progress?
			13. Is the company financially stable?
			14. Do you expect to be able to retain the participant after training in the event of economic downturns?
			15. Will you ensure that quality supervision and training is provided for the OJT trainee?
			16. Does your company currently have an Affirmative Action Plan or other comparable Equal Opportunity or non-discrimination statement? * If no, will you be willing to prepare a non-discrimination statement? * Is an Equal Employment Opportunity poster visible in the workplace?

Employer Questionnaire

NEMO Workforce Development Board

		17. Does the employer pay the “employer” wage taxes (FICA)?
		18. Has your company or any affiliated business, parent, or subsidy within your past or present company structure filed for bankruptcy in Missouri or any other state within the past 10 years? If yes, please describe.
		19. Is this business receiving any other assistance, such as funding through the Department of Economic Development, Missouri Customized Training Program?
		20. Do the position(s) you are seeking to fill have career advancement potential?
		21. Is your company registered with E-Verify to document new employee’s right to work in the US?
		22. Employers are required to cover OJT trainees with Workmen’s compensation insurance. Do you have a Workmen’s Compensation Insurance carrier? If yes, please provide name of company and policy number. Workmen’s Compensation: _____
		23. Number of employees (all locations).

The NEMO Workforce Investment Board shall review the retention of previous trainees. If trainees leave within six (6) months of training completion, the Workforce Development Professional must document the appropriateness of re-contracting. I further understand that as a condition of funding, successful and otherwise acceptable trainees will be employed by the company at the completion of training. I understand funding is determined on a case-by-case basis and taken into consideration the availability of funding. I am an authorized representative of my company given the authority to sign and enter into this legal binding contract.

Signature of Authorized Company Representative

Date

Authorized Company Representative (Print Name)

Re-contracting Consideration for OJT Employer Selection	
You may not re-contract with employers who terminate or lay-off participants during the 30 day period following retention requirements or who terminate participants without appropriate cause. Prior to re-contracting, the following must be obtained to determine the appropriateness of re-contracting.	
	Number of trainees hired through On-the-Job Training contract(s).
	Previous number of trainees who completed training.
	Number of trainees hired in unsubsidized employment and remained on the job for at least 6 months.
	Number that received quality training as documented in the participant’s record.
	Will the employer cooperate in providing access to the work sites to ensure the participant receives training, to document punctuality, and attendance?
If the trainee(s) were terminated or laid off, give specific details:	

