

Capital Area Agency on Aging

ON-THE-JOB EXPERIENCE APPLICATION FORM

Dear Employer:

Thank you for your interest in the On-the-Job Experience (OJE) Program. In order to obtain some background information about your company and your job training needs, please complete this application and return it to our office. Please forward this application and any question regarding this application to:

Attn: *Danielle Ruffin*
Capital Area Agency on Aging
P.O. Box 66038
Baton Rouge, Louisiana 70896-6038
(225) 922-2525/ 1(800)833-9883 fax: 225-928-8780
druffin@capitalaaa.org

Company Name:

Contact Person:

Title:

Phone:

Cell:

Fax:

E-mail:

of Full-Time Employees:

Federal Tax ID#:

Please describe the type of products and/or services that your company provides:

How long have you been in business?

of locations:

Unemployment Insurance #:

Occupational License

#: _____

Workers Compensation

Carrier:

What is your payroll schedule? Weekly Bi-Weekly Monthly Other:

Has your company re-located to the area within 120 days of this application? Yes No

Do you have proof of General Commercial Liability and Auto Insurance (minimum of \$500,000) combined single limits? Yes No

Has your company ever previously participated in any type of federally funded OJE or Customized Training in the past? Yes No

If "yes", please describe:

Position Titles (s)	No. of Positions (Full-Time Only)	Hours per Week	Hourly Rate	Work Schedule (rotating shift?)	Minimum Skills, Educational, Physical Requirements

Why is your company interested in developing OJE for these positions?

Explain any difficulties your company has or had in filling these positions with properly qualified applicants (*ex.: turnover, cyclical, highly technical, demanding physical requirements, etc.*).

What benefits does your company offer (Please circle)?

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Vacation | 401-K |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Stock Options | <input type="checkbox"/> Holidays | <input type="checkbox"/> Sick/Annual |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Tools/Equip | <input type="checkbox"/> Company Vehicle |

Other:

Briefly describe how your proposed training process will take place:

What pre-employment assessment tests (*ex: occupational skills, general aptitude, dexterity, etc.*) does your company give?

What licenses or certifications do you require?

Please list the name(s) of the individual(s) who will be providing the training and supervision:

_____ Title:

_____ Title:

_____ Title:

Has your company experienced any labor disputes, lay-offs, or hiring freezes during the past 12 months in the position(s) under consideration for OJE? Yes No If yes, please explain:

Training Outline

The purpose of the outline below is to provide a framework for the job duties and tasks (training elements) to be learned during the training process. This outline will also help us determine the total number of training hours for your OJE contract.

For each position title, provide an approximate percentage of time next to each job duty or skill to be mastered to total 100%, and attach a job description for each. Be sure to use a different outline sheet for each position. Please include an expected time frame for completion. If you need assistance with the training outline, please contact the CAAA Representative.

TOTAL	100%	
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