

**RochesterWorks!**  
**ON-THE-JOB TRAINING APPLICATION**

**COMPANY INFORMATION:**

Company: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Training Supervisor (name and title): \_\_\_\_\_

Total Number of Company Employees: Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Industry Type \_\_\_\_\_

Have you ever participated in an On-The-Job Training Program previously? Yes  No

If so, please give participant name(s), position(s), dates of training and outcome(s):

\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED TRAINING:**

Anticipated Start Date \_\_\_\_\_ Proposed length of training: \_\_\_\_\_

Trainee Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Training Position: \_\_\_\_\_ Hourly Wage \_\_\_\_\_

Will the trainee receive a wage increase upon successful completion of this training? Yes/No

If yes, what will the proposed new hourly wage be? \_\_\_\_\_

Hours/Work Schedule: \_\_\_\_\_

Will the trainee be eligible to receive benefits? If so, **when?** \_\_\_\_\_ **Briefly describe** those benefits:

\_\_\_\_\_  
\_\_\_\_\_

Please attach a Job Description, Training Outline, and Resume or Job Application of Trainee (if one has been identified)

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Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
*Christina Bakewicz, Business Services Manager*

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
*Constance Felder, Deputy Director, RochesterWorks, Inc.*

Amount Approved: \$ \_\_\_\_\_

Contract Dates: \_\_\_\_\_ to \_\_\_\_\_

**RochesterWorks, Inc.**  
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**Rochester, NY 14607**  
**Phone: (585) 258-3541 Fax: (585) 232-6033**  
[www.rochesterworks.org](http://www.rochesterworks.org)

# TRAINING OUTLINE

Company: \_\_\_\_\_

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

Skill Area	Length of Training	Method of Training	Method of Evaluation

(\_\_\_\_\_ hours/day) x (\_\_\_\_\_ days/week) x (\_\_\_\_\_ weeks) = \_\_\_\_\_ Total Length of Training\*

\*Training takes into account the following holidays: \_\_\_\_\_