

Employer OJT Eligibility Determination
WIOA OJT Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Checklist Completion Date:

Massachusetts On-the-Job Training (OJT) OJT Employer Eligibility Checklist

Section 1: Employer Information

Employer's Legal Business Name:		
Alternative Business Name(s) (including DBAs):		
MOSES Employer ID:	FEIN ¹ :	
DUA No. ²	DUNS No. ³ :	
Business Address:		
City:	State:	ZIP:
OJT Site Address (If different than above):		
City:	State:	ZIP:
Employer OJT Contact Person:	Title:	
Contact Telephone Number:	E-mail:	Fax:
Type of Business: <input type="checkbox"/> Private: <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Brief Description of Business:		
Employer NAICS Code ⁴ :	# of Employees on OJT Site:	Years in Existence:
Is the Business being sold or merging with another employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES, Provide explanation:		
For informational purposes only: Is the site handicapped accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES, explain:		

Section 2: Employer Review

1) Has the employer had any lay-offs in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1a) If YES, provide explanation:	
2) Has the employer filed any WARN ⁵ notices in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2a) If YES, provide explanation:	
3) Has the employer failed to provide OJT Trainees with continued long-term employment in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹ Federal Employer Identification Number (FEIN)

² Department of Unemployment Assistance (DUA)

³ Dun & Bradstreet (D&B) provides a "data universal number system" (DUNS) which is a unique nine-digit identification number for each business. The federal government requires organizations to provide a DUNS number as part of their grant applications and proposals. *It is not required for OJT in Massachusetts.*

⁴ North American Classification Systems (NAICS)

⁵ Worker Adjustment and Retraining Notification (WARN) [<http://www.doleta.gov/programs/factsht/warn.htm>]

3a) If YES, provide explanation:	
4) Has the employer already hired the prospective OJT Trainee(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a) If YES, provide explanation:	

Section 3: Meeting Federal Criteria

5) Is the employer looking to relocate operations in whole or in part?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5a) If YES, does the company intend to use WIOA funds for relocation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) Has the employer relocated within the past 120 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6a) If YES, were employees laid off at the previous location as a result of the relocation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Is the employer able to commit to providing long-term employment for successful OJT Trainees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7a) If NO, provide explanation:	
8) Will OJT funds be used to directly or indirectly assist, promote or deter union organizing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Will the OJT result in the full or partial displacement of employed workers? ⁶	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Does the employer agree to provide OJT Trainee wages that are at least equal to:	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) The Federal, state or local minimum wage (which ever is highest)? ⁷	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Other employees in the same occupation with similar experience	Yes <input type="checkbox"/> No <input type="checkbox"/>
11) Does the employer agree to provide the OJT Trainee with the same workers' compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, provide explanation:	
12) Does the employer agree to comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act of 2014 and its regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4: Meeting Commonwealth Criteria

13) Is the employer in good standing with the Department of Unemployment Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14) Is the business currently debarred from doing business with the Commonwealth or the federal government according to the following lists:	
a. Federal Government's Excluded Parties List System	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Division of Capital Asset Management Debarred Contractor's List	Yes <input type="checkbox"/> No <input type="checkbox"/>

⁶ Displacement occurs when: 1) the employer has terminated the employment of any regular employee with the intention of filling the vacancy with an OJT participant; 2) when the OJT position infringes on the promotional opportunities of currently employed workers; or 3) when an individual is on layoff from the same or any substantially equivalent job as the OJT position. Displacement may also include a reduction in the hours of non-overtime work, wages, or employment benefits of any currently employed employee.

⁷ According to the Fair Labor Standards Act

c. Businesses Issued Stop Work Orders by the Department of Industrial Accidents	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Office of the Attorney General Debarment List	Yes <input type="checkbox"/> No <input type="checkbox"/>
15) Has the employer been issued a Certificate of Good Standing from the Massachusetts Department of Revenue within 6 six months of the anticipated OJT start date? (If YES, attach to this checklist)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15a) If NO, provide explanation ⁸ :	

Section 5: OJT Information

Potential OJT Positions:	
16) Are any of the positions of a seasonal, part-time or interim nature?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16a) If YES, explain:	
Additional Comments:	
Employer meets all requirements of WIOA OJT Eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6: Signatures

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Employer Signature:	Date:
Type/Print Name:	Title:

Checklist Prepared By:

Signature:	Date:
Type/Print Name:	Title:
Career Center:	

⁸ Note: A certificate of good standing from the Department of Revenue issued within 6 months of the OJT start date is required to execute an OJT Contract.