

**Massachusetts On-the-Job Training (OJT)
Sample OJT Skill Gap Form**

I. GENERAL OJT INFORMATION

Date Submitted:	Career Center Name:
Career Center Contact Person:	Contact Person Phone:
Employer Name:	Employer MOSES ID:
Employer Phone #:	Employer Fax #:
Employer E-mail:	
OJT Training Address:	
Trainee Name:	MOSES ID#:

OJT Position Title:	O*NET SOC #:
O*NET Job Zone:	SVP Level:
OJT Start Date:	OJT End Date:
Total Training Hours:	Number of Training Weeks:
Hourly Rate: \$	Reimbursement Rate %
Total Estimated Contract Amount: \$	
Additional Information:	

II. SKILL GAP ANALYSIS

Required Skills for OJT Position	Candidate Skill Level	How Skill Level Determined SA = Self Attestation AR = Assessment Results (please specify assessment instrument used) O = Other (please specify)	Notes / Explanation
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
	<input type="checkbox"/> Unskilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled		
Estimated Total Training Hours:			

Add additional rows or sheets as necessary

III. SIGNATURES

<i>I agree that this form is an accurate reflection of my skill level in relation to the potential On-the-Job Training position in question.</i>		
OJT Candidate Signature:	Type/Print Name:	Date:

<i>I hereby certify that the information contained herein is, to the best of my knowledge, true and correct.</i>		
Career Center Staff Signature:	Date:	
Type/Print Name:	Title:	Career Center: