

**West Central Georgia Workforce Development Corporation**  
**Initial Eligibility Determination of On-The-Job Training Services**

Today's Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will this OJT position be located at the same address as the company?  Yes  No

If no, please provide the OJT location address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who is the primary contact for follow-up, interviews, and technical assistance?

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Are you seeking an individual for permanent placement with your company?  Yes  No

Are you a public, private non-profit, or private sector employer?  Yes  No

What is the job title for this position? \_\_\_\_\_

How many individuals are you looking for to fill this position? \_\_\_\_\_

This position is:  Permanent  Temporary to Permanent  Temporary

How many hours will be worked per week? \_\_\_\_\_

What is the standard pay (per hour) for this position? \_\_\_\_\_

What is the work schedule? \_\_\_\_\_

What shift is this position? \_\_\_\_\_

What are the minimum requirements for this position (a job description or posting can be attached)?

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

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Are there any occupational licenses required for this position? Yes No

If yes, please describe:

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What is the minimum level of education required for this position? \_\_\_\_\_

Will benefits be provided? Yes No

If yes, select all that apply:

Health Insurance

Dental Insurance

Profit Sharing

Paid Sick Leave

401 K Retirement Plan

Vision Insurance

Life Insurance

Paid Vacation

Child Care

Other: \_\_\_\_\_

*Participants recommended for OJT must be eligible for WIA services, and have been registered in WIA services prior to beginning in an OJT contract with an employer*

WCG Workforce Development Corporation will assist with the recruitment of individuals for On-the-Job Training opportunities? Do you have any individuals you would like to refer to WIA services for OJT

Yes

No

If yes, please list the names and contact numbers for these individuals:

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Will this position lead toward the introduction of a new technology, product, or service for your company? Yes No

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Will this position lead toward upgrading to new jobs for existing employees that require additional skill(s)? Yes No

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