



**Orange County Workforce Development Board  
& Orange County ONE-STOP ON-THE-JOB TRAINING (OJT)  
OJT EMPLOYER ELIGIBILITY CHECKLIST**

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

**Section 1: Employer Information**

Employer's Legal Business Name:		
Alternative Business Name(s) (including DBAs):		
Business EIN:	FEIN <sup>1</sup> :	
EDD UI # No <sup>2</sup> :	DUNS No <sup>3</sup> :	
Business Address:		
City:	State:	ZIP:
OJT Site Address (If different than above):		
City:	State:	ZIP:
Employer OJT Contact Person:		Title:
OJT Phone Number:	E-mail:	Fax:
Type of Business*: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Short Description of Business:		
Employer NAICS Code <sup>4</sup> :	# of Employees on OJT Site:	Years in Existence:
Is the business being sold or merging with another employer: <input type="checkbox"/> Yes <input type="checkbox"/> NO		
If YES, Provide explanation:		

**Section 2: Employer Review**

Has the employer had any layoffs in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, provide explanation:	
Has the employer filed any WARN <sup>5</sup> notices in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, provide explanation:	
Has the employer failed to provide OJT Trainees with continued long-term employment in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, provide explanation:	
Has the employer already hired the prospective OJT Trainee(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, provide explanation:	

<sup>1</sup> Federal Employer Identification Number (FEIN)

<sup>2</sup> EDD Unemployment Insurance Claim Number (EDD UI No)

<sup>3</sup> 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 required organizations to provide a DUNS number as part of their grant applications and proposals.

<sup>4</sup> North American Industry Classification System (NAICS)

<sup>5</sup> Worker Adjustment and Retraining Notification (WARN)

### Section 3: Meeting Federal Criteria

Is the business any of the following? <sup>*</sup>	a. A Gambling Establishment b. Swimming Pool c. Aquarium d. Zoo e. Golf Course	Yes ____ No ____ Yes ____ No ____ Yes ____ No ____ Yes ____ No ____ Yes ____ No ____
Is the employer looking to relocate operations in whole or in part?		Yes ____ No ____
If YES, does the company intend to use WIOA funds for re-location?		Yes ____ No ____
Has the employer relocated less than 120 days ago?		Yes ____ No ____
If YES, were employees laid off at the previous location as a result of the relocation?		Yes ____ No ____
Is the employer able to commit to providing long-term employment for successful OJT Trainees?		Yes ____ No ____
If NO, provide explanation:		
Will OJT funds be used to directly or indirectly assist, promote, or deter union organizing?		Yes ____ No ____
Will the OJT result in the full or partial displacement of employed workers? <sup>6</sup>		Yes ____ No ____
Does the employer agree to provide OJT Trainee wages that are at least equal to:		
a. The Federal, state, or local minimum wage (whichever is highest)? <sup>7</sup>		Yes ____ No ____
b. Other employees in the same occupation with similar experience?		Yes ____ No ____
Does the employer agree to provide Trainees with the same workers compensation, health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees <sup>*</sup> ?		Yes ____ No ____
If NO, provide explanation:		
Does the employer agree to comply with the non-discrimination and equal opportunity provisions of the Workforce Investment Act and its regulations?		Yes ____ No ____

### Section 4: Meeting O.C.E.D.B. Criteria

Is the employer in good standing with EDD. Unemployment Insurance?		Yes ____ No ____
Is the business currently debarred from doing business with the O.C.W.D.B. or the federal government according to the following list:	a. <u>Federal Government's Excluded Parties List System</u> b. <u>SAM's Debarred Contractor's List</u> c. <u>Businesses Issued Stop Work Orders by the of E.D.D.</u> d. <u>Office of the CA Attorney General Debarment List</u>	Yes ____ No ____ Yes ____ No ____ Yes ____ No ____ Yes ____ No ____
Has the employer been issued a Certificate of Good Standing from the California Franchise Tax Board within 6 six months of the anticipated OJT start date? ( <i>If YES, attach to this checklist</i> )		Yes ____ No ____
If NO, provide explanation <sup>8</sup> :		

<sup>6</sup> 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 or employment benefits of any currently employed employee.

<sup>7</sup> According to the Fair Labor Standards Act

<sup>8</sup> Note: A certificate of good standing from the CA Franchise Tax Board issued within 6 six months of the OJT start date is required to execute as OJT Contract.

## Section 5: OJT Information

Potential OJT Position:	
Additional Comments:	
Employer Meets all requirements of WIOA OJT Eligibility Employer meets all requirements of WIOA OJT/NEG Project Eligibility (Complete Employer OJT Eligibility Determination on front page)	Yes _____ No _____ Yes _____ No _____

## Section 6: Signatures

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

<i>Employer Signature:</i>	<i>Date:</i>
<i>Type/Print Name:</i>	<i>Title:</i>

*Checklist Prepared By:*

<i>Signature:</i>	<i>Date:</i>
<i>Type/Print Name:</i>	<i>Title:</i>
<i>Career Center:</i>	