## **ATTACHMENT C**



## On-the-Job Training Employer Application

Business Name & Tax ID	Tax ID				
Mailing Address					
Hiring Manager Name					
Title					
Phone & Email	Phone:	Email:			
DOES Account Executive					
Industry (select one)	☐ Construction ☐ Information Technology ☐ Hospitality & Leisure ☐ Government	☐ Law Enforcement ☐ Nonprofit ☐ Professional Services ☐ Other			
Workforce Size	Full-time:	Part-Time:	Seasonal/temporary:		
<b>Current Openings</b>	Position:	# of vacancies:	Hourly Range:	to	
(including # of positions and hourly range)	Position:	# of vacancies:	Hourly Range:	to	
	Position:	# of vacancies:	Hourly Range:	to	
Type of opening(s) (select all applicable)	☐ Full-time	☐ Part-time	☐ Seasonal/Temporary		
Hiring Timeline					
Minimum requirements	Age:				
	Education:				
	Residency:				
	Credentials/Licensing:				
	Physical Ability:				
	Experience:				
	Transportation:				
	Other:				
Desired Skills	(competency, appearance, comp	outing literacy, supervisory, indus	try related)		
Other Notes (any additional business or job-related information pertinent to the OJT process)					
Attachments & Criteria (all needed for completed package)	☐ Business License	☐ W-9 Form			
	☐ IRS Good Standing/Clean Han	ds $\square$ Proof of Comprehensiv	☐ Proof of Comprehensive Liability Insurance		
	☐ Trainer's Resume	☐ Job Description(s)	☐ Job Description(s)		
	☐ DC Networks Profile Created	$\square$ Work Site Review (sche	eduled and completed by D0	DES staff)	

Thank you for your interest in the On-the-Job Training Program.

A member of our On-the-Job Training team will contact you with next steps.