

**Office of Civil Rights  
On-the-Job Training  
Trainee Eligibility Request**

OJT Program Manager:

Chris Ferguson

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406-444-6945

**Instructions:** Complete a separate form for each proposed trainee. Submit to OJT Program Manager. The trainee must be approved before they begin work in the training program.

PROJECT INFORMATION	
Contract ID:	Fed/State Project Number:
Project Description:	Training Goals Assigned:
Prime Contractor:	Engineering Project Manager:
CONTRACTOR CONTACT INFORMATION – The contractor fulfilling the OJT requirement.	
Contractor:	OJT Representative:
Email Address:	Phone Number:
Trainee's Direct Supervisor:	Trainer (if someone other than Supervisor)

<b>PROPOSED TRAINEE</b>			
Trainee's Legal Name (First, MI, Last)			
Last 4 Digits of SSN:		<input type="checkbox"/> New Hire – Hire Date: <input type="checkbox"/> Upgrade – Current Classification: Current Wage:	
<input type="checkbox"/> State/Federal Registered Apprentice:      Apprentice ID: <input type="checkbox"/> Union Apprentice/Trainee:                      Union Number:		Hours completed to date:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity: <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> White/Caucasian			
Training Program Utilized:		Previous Training – When, classification/group, hours completed:	

TRAINEE ACKNOWLEDGEMENT	
<p><b>Trainee Signature:</b></p> <p><input type="checkbox"/> I acknowledge I have been given a copy of the OJT program and associated wage progression that I will be trained in.</p>	

CONTRACTOR ACKNOWLEDGEMENT	
<i>I have provided the proposed trainee with a copy of the approved OJT program and associated wage progression as outlined in the <a href="#">OJT Program Manual</a>.</i>	
Contractor Signature (Ink or Electronic)	Date

MDT USE ONLY		DISSEMINATION: Contractor, EPM, CAS	
OJT Program Manager		<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
If disapproved, provide explanation:			
<i>Hours worked in training classification prior to approval will not count, be credited, or reimbursed.</i>			