

OJT Quick Reference Guide

(Important things to keep in mind when working with On the Job Training)

- 1) Notify RochesterWorks! of which candidate(s) you would like to make a job offer to BEFORE HIRE. This information must be included:
 - a. Clients name
 - b. Official start date
 - c. Job Title & description
 - d. Wage rate
 - e. Hours (At least 30 Hours)

**All clients MUST be verified as OJT eligible and paperwork completed and returned BEFORE the person is hired and starts. **

- 2) If you have a candidate that was previously submitted for OJT verification, but was not hired at that time, the person must be re-verified with the Placement Specialist prior to hiring. This is to ensure that they are still compliant with the Monroe County Department of Human Services and RochesterWorks! and still eligible to participate in the OJT program.
- 3) OJT clients being hired cannot make up more that 25% of your overall FT staff. (Please note- PT staff will not qualify in this calculation.)

For example:

If you have 10 full time employees, you are eligible to have 2.5 employees as OJT employees

- 4) In order for reimbursement to be considered, the trainee must maintain employment for a minimum of two (2) weeks AND work AT LEAST 30 hours per week, (Maximum of 40 hours) each and every week thereafter (holiday weeks and shut-downs are excluded from this).
- 5) If their work hours drop below 30 hours per week, reimbursement will not take place and the contract may be terminated. *Again, Paid holidays, vacation or sick time for trainees is not eligible for reimbursement.*
- 6) If you have previously submitted paperwork and are still waiting to receive outstanding payments, please note that it may take 90 days or more for your paperwork to be processed and checks to be mailed out.

If you have any questions, please feel free to contact Scott Harper at (585) 753-6809 or sharper@rochesterworks.org



On-the-Job Training (OJT) Overview

Why OJT?

- We'll help you find eligible candidates for your open positions.
- We'll reimburse you for the costs associated with training this new employee, which are usually calculated at up to half the pay rate for the agreed-upon training period.

What is OJT?

- Hands on training that you design
- A payment to offset training costs
- An opportunity to train employees your way
- An investment in your company

How does it work?

- We match qualified candidates with your job openings
- We help you design a training plan to meet your unique business needs

Interested in hiring an employee through the OJT Program?

RochesterWorks! Business Services staff would be happy to meet with you to explain the details of the program. Contact Scott Harper at 585-753-6809 or email sharper@rochesterworks.org

RochesterWorks

Preliminary Review – Business Application for On-the-Job Training

Instructions: Please complete all items on this application. To facilitate your review, please prepare this application electronically, if possible.

1. Business Information

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

FEIN: _____

Previous Name of Business, if any: _____

FEIN, if different: _____

2. Contact Person

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

3. Business Background

- a. Has your company relocated from another area in the U. S. within the last 120 days?
If so, were there any employees laid off at that former location?
- b. How long have you been in business in this area?
- c. How many full-time employees do you have?
- d. Are any employees on layoff currently?
If so, how many employees and in what job titles?
- e. Have any WARN notices been filed within the past year?
- f. Has your business sought WIA/TGAA or other assistance in connection with past or impending job losses at other facilities during the past year?

- g. What job titles/job descriptions are you seeking to fill with OJT trainees? (use the job description form provided – can attach existing job descriptions in lieu of completing job description section in the form)
- h. Are jobs expected to last a year or more in the normal course of business?
- i. Are any of the jobs considered for an OJT candidate classified as “independent contractor” positions, or would individuals not be employed by your firm during the entire training period?
- j. Are any of the jobs covered by a collective bargaining agreement?
(If so, we will need to obtain a letter of concurrence from the union(s))
- k. Is your business currently engaged in any labor disputes with a labor organization?
- l. Do any of the jobs pay based upon commissions, tips, piece work or incentives?
If yes, please explain.
- m. What percentage of previous OJT trainees, over the last two (2) years, have completed training and been retained by your firm?
 - 1. Number of OJT trainees:
 - 2. Number of OJT employees retained:
 - 3. Percentage retained:

Business Applicant Signature

Signature

Date

Print Name

Title

Please attach a Job Description, Training Outline, and Resume or Job Application of Trainee (if one has been identified)

Reviewed by: _____
Laura Seelman, Business Services Coordinator, RochesterWorks, Inc.

Date

Approved by: _____
Peter Pecor, Executive Director, RochesterWorks, Inc.

Date

Amount Approved: \$ _____

Contract Dates: _____ to _____

On-the-Job Training (OJT) Job Description

Complete a separate description for each OJT title.

Job Title:

Job
Description:

Job Location:

Anticipated
Start Date

Shift Days
and Hours

Hourly Wage
Rate

Supervisor:

Title:

Is this position subject to a Collective Bargaining
Agreement?

Yes No

If "yes," specify the name of the
union?

Job Title:

Job
Description:

Job Location:

Anticipated
Start Date

Shift Days
and Hours

Hourly Wage
Rate

Supervisor:

Title:

Is this position subject to a Collective Bargaining
Agreement?

Yes No

If "yes," specify the name of the
union?

Submit this form, along with the responsibility questionnaire and job
descriptions to Scott Harper at:

sharper@rochesterworks.org

Phone: 585-753-6809

Fax: 585-753-5606

Responsibility Questionnaire

Instructions – Please answer all questions. A "Yes" answer to any part of questions 1-5 requires a written explanation to be prepared on company letterhead, signed by an officer of the company, and attached to the completed questionnaire.

1. Within the past five years, has your firm, any affiliate¹, any principal, owner or officer or major stockholder (10% or more shares) or any person involved in the bidding or contracting process been the subject of any of the following:
 - a. A judgment or conviction for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
 - b. A criminal investigation or indictment for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
 - c. An unsatisfied judgment, injunction or lien obtained by a government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any local, state or federal government agency?
 Yes No
 - d. An investigation for a civil violation for any business-related conduct by any local, state or federal agency?
 Yes No
 - e. A grant of immunity for any business-related conduct constituting a crime under local, state or federal law including, but not limited to fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
 - f. A local, state or federal suspension, debarment or termination from the contracting process?
 Yes No

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

- g. A local, state or federal contract suspension or termination for cause prior to the completion of the term of a contract?

Yes No
- h. A local, state or federal denial of a lease or contract award for non-responsibility?

Yes No
- i. An agreement to voluntary exclusion from bidding/contracting?

Yes No
- j. An administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal contract or lease?

Yes No
- k. A local, state or federal determination of a willful violation of any prevailing wage law or a violation of any other labor law or regulation?

Yes No
- l. A sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?

Yes No
- m. A denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status?

Yes No
- n. A rejection of a low bid on a local, state or federal contract for failure to meet statutory affirmative action or MWBE requirements on a previously held contract?

Yes No
- o. A consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local government laws?

Yes No
- p. An Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?

Yes No
- q. A rejection of a bid on a New York contract or lease for failure to comply with the MacBride Fair Employment Principles?

Yes No

r. A citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of:

- federal, state or local health laws, rules or regulations
- unemployment insurance or workers' compensation coverage or claim requirements
- ERISA (Employee Requirement Income Security Act)
- federal, state or local human rights laws
- federal or state security laws
- federal INS and Alienage laws
- Sherman Act or other federal anti-trust laws?

Yes No

s. A finding of non-responsibility by an agency or authority due to the failure to comply with the requirements of Tax Law Section 5-a?

Yes No

2. Has the vendor been the subject of agency complaints or reports of contract deviation received within the past two years for contract performance issues arising out of a contract with any federal, state or local agency? If yes, provide details regarding the agency complaints or reports of contract deviation received for contract performance issues.

Yes No

3. Does the vendor use, or has it used in the past five (5) years, an Employee Identification No., Social Security No., Name, DBA, trade name or abbreviation different from that listed on your mailing list application form? If yes, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such company and d/b/a on a separate piece of paper and attach to this response.

Yes No

4. During the past three years, has the vendor failed to file returns or pay any applicable local, state or federal government taxes?

Yes No

If yes, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount the company failed to file/pay and the current status of the liability:

5. During the past three years, has the vendor failed to file returns or pay New York State Unemployment Insurance?

Yes No

If yes, indicate the years the company failed to file/pay the insurance and the current status of the liability:

6. Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates within the past seven years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates, regardless of the date of filing?

Yes No

If yes, indicate if this is applicable to the submitting vendor or one of its affiliates:

If it is an affiliate, include the affiliate's name and FEIN:

Provide the court name, address and docket number:

Indicate if the proceedings have been initiated, remain pending or have been closed:

If closed, provide the date closed: _____

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions to make a determination regarding the award of a contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- Is under a duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

_____ Name of Business	_____ Signature of Officer
_____ Address	_____ Typed Copy of Signature
_____ City, State, Zip	_____ Title
_____ Date	

Principal place of business if different from address listed above (include complete address):

