



## WIOA Title I ADW and Youth Programs On-the-Job-Training (OJT) Pre-Award Checklist

### Section 1: Employer Information

Complete the following employer information. Please attach a current business license and W-9 to this form for payee information.

Employer Legal Business Name:					
Contact Person:				Title:	
Address:					
City:		State:		Zip:	
Phone#:		Fax #:		E-mail:	

### Section 2: Company Review

Number of Employees at Local Operation: \_\_\_\_\_

Rate of Employee Turnover (Last 12 months): \_\_\_\_\_

- 1) Has your company filed Worker Adjustment and Retraining Notification Act (WARN) notices for a layoff or closure in the last 12 months?  
**Yes**  (*Attach copies, including affected job titles*)      **No**
- 2) Has your company received any OSHA, wage and hour, or child labor law violations in the past 12 months?  
**Yes**  (*Attach documentation*)      **No**
- 3) Has there been substantiated Equal Opportunity complaints against your company?  
**Yes**  (*Attach documentation*)      **No**
- 4) Is this company being sold or merging with another company?  
**Yes**       **No**
- 5) Has your company relocated to the Southern Nevada workforce development area in the last 120 days and, in doing so, laid off employees at the prior location?  
**Yes**       **No**

6) List prior OJT contracts your company has had with WIOA funded partners in the Southern Nevada Workforce Development Area in the last 12 months: *(attach additional page if needed)*

<b>Provider</b>	<b>Employee</b>	<b>Did employee complete OJT?</b> <small>(Explain if answer is no. Attach additional documentation as needed.)</small>	<b>Was employee retained for 6 or more months After OJT?</b> <small>(Explain if answer is no. Attach additional documentation as needed.)</small>
Ex: FIT	Johnitha Doe	Yes	No. Ms. Doe resigned.

**Section 3: WIOA Assurances**

1) Does your company have the ability to provide training to a paid employee that provides knowledge or skills essential to the full performance of the occupation?

Yes  No

2) Does your company have adequate accounting, payroll, personnel, and grievance systems to administer an OJT program and related reporting documentation?

Yes  No

3) Does your company commit to retain the OJT employee for at least six (6) months following the successful completion of the OJT?

Yes  No

4) Company understands and commits to not use WIOA funds to relocate operations in whole or in part?

Yes  No

5) Company understands and commits to not use WIOA funds to directly or indirectly assist, promote, or deter union organizing?

Yes  No

6) Does your company commit that potential OJTs will not result in the full or partial displacement of employed workers?

Yes  No

- 7) Does your company commit to pay OJT employee wages at least equal to:
- a. The Federal, State or local minimum wage (Fair Labor Standards Act)

Yes  No

- b. Other employees in the same occupation with similar experience

Yes  No

- 8) Does your company commit to cover OJT employees under the same workers' compensation and liability insurance coverage, and provide the same health insurance, unemployment insurance, retirement benefits, etc. as regular, non-OJT employees? *(A copy of your current certificate of insurance for workers comp & liability must be attached to this form)*

Yes  No

- 9) Does your company commit to comply with the non-discrimination and equal opportunity provisions of WIOA, Section 188 and its regulations?

Yes  No

**Section 4: Submission & Execution**

Please submit the executed pre-award assessment to [traininginvoices@nvworkforceconnections.org](mailto:traininginvoices@nvworkforceconnections.org), along with the required attachments listed above. Once approved, you will be eligible to participate in OJTs with any WIOA provider in the Southern Nevada workforce development area.

This assessment will be maintained by Workforce Connections until the end of the current program year (July 1-June 30). Any changes in your status should be sent in writing to Workforce Connections or the WIOA business service representative (BSR).

**Authorized Signatures**

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

Employer Signature:	Date:
Type/Print Name:	Title:

**Outcome of pre-award interview:**

Employer meets all requirements of the OJT pre-award. Yes  No

OJT Provider Signature:	Date:
Type/Print Name:	Title: