

Minnesota Department of Transportation Office of Civil Rights On-the-Job Training Program

OJT Program Proposal

This form is to be submitted to the OJT Program Coordinator identified below within 5 days of bid letting.

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	Contractor Info	rmation:	
Project Number:	Project OJT Traine	e Goal:	Project OJT Hours Goal:
Contractor Name:			Date:
EEO Officer Name:			
EEO Officer Email:		EEO O	fficer Phone:
	Contractor OJT Progra	ım Information:	
 Place a check next to the worker classifications you intend to utilize on this project. In the blank space, note how many trainees you anticipate working within that classification. 			
Carpenter:	Cement Mason:	Electrician:	Ironworker:
Laborer:	Mechanic:	Operator:	Painter:
Pipefitter:	Truck Driver:	Other:	
2. In the space below, list or attach the names of the recruiting resources you intend to use:			
3. Does your company have a collective bargaining agreement with a union for the trades identified above? Yes			
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No: Submit this OJT Progr	am Proposal form and a training	<i>plan</i> for each trade	e in which you intend to have a trainee.
Return Completed Program Proposal Form To:			
OJT Program Coordinator:		Email:	
Fax:		Phone:	
Mail: MnDOT Office of Civil Rights, 395 John Ireland Blvd., MS 170, St. Paul, MN 55155			
Equal Opportunity Employer	Φ		

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