

CONTRACTOR'S TRAINEE
ENROLLMENT & INTERVIEW FORM

State Project Number: _____ Parish: _____ Date: _____
Contractor: _____ Address: _____
Contractor's Representative Name: _____ Phone No. _____
E-mail: _____

Employee Interview

TRAINING NO.

Last 6 nos. of SSN

Employee Name: _____ Address: _____

Phone No.: _____ Date of Birth: _____ Sex: _____

Ethnic Group Designation: Asian & Pacific Islander: _____ American Indian (or) Alaskan Native: _____
Black: _____ Hispanic: _____ Other: _____

Employee Status: New: _____ Upgrade: _____

Previous OJT Training: _____ Yes _____ No

Previous OJT Training Classification: _____ Graduate: _____ Yes _____ No

Employer during training: _____

Describe your training/work duties: _____

New Job Classification of Trainee: _____ Training Hours: _____

Job Classification No: _____

Type of Training: On-the-Job _____ Union Apprenticeship _____

Training Program to be used: _____

Date Training Starts (on the project): _____

Trainee received a copy or the OJT Program? _____ Yes _____ No

Remarks: _____
