

WorkSource Cobb/CobbWorks

On-The-Job Training (OJT)

Incumbent Worker Training (IWT)

Internship/Work Experience (WEX)

Company Assessment

FOR OFFICE USE ONLY (Check All That Apply)			
<input type="checkbox"/>	WEX	<input type="checkbox"/>	APPRENTICE
<input type="checkbox"/>	OJT	<input type="checkbox"/>	IWT
<input type="checkbox"/>	FF	<input type="checkbox"/>	OTHER

Section 1: EMPLOYER INFORMATION

Complete the following Employer information.

EMPLOYER LEGAL BUSINESS NAME:		FEIN#	
EMPLOYER WEBSITE:		DUNS#	
FORMER NAME(S) UNDER WHICH EMPLOYER CONDUCTED BUSINESS: (Attach Separate Paper If Needed)			
TYPE OF ORGANIZATION: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (List Type) <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other			
CONTACT PERSON:		TITLE:	
EMPLOYER CURRENT ADDRESS:		COUNTY:	
CITY:	STATE:	ZIP CODE:	GA-UI#
TELEPHONE:	EMAIL:	FAX:	
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES (See Below)	YEARS IN EXISTENCE:	
DESCRIPTION OF EMPLOYERS PRODUCT(S) and/or SERVICE(S):			
DOES THE EMPLOYER HAVE A CONNECTING COLORADO ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG HAS COMPANY OPERATED IN THE LOCAL AREA? ____ Yrs. ____ MOs	
IS THE BUSINESS BEING SOLD/MERGING WITH ANOTHER COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS COMPANY UNION AFFILIATED? If yes, attach letter of endorsement.	

Section 2: COMPANY REVIEW

Please check the appropriate response for the following Employer information.

1. Have Worker Adjustment and Retraining Notification (WARN) notices previously been filed?	YES	NO	N/A
2. Has the company exhibited a pattern of failing to provide OJT Trainees with continued employment?	YES	NO	N/A
3. Does the company have regulations in place to address workplace safety and/or job-related health issues?	YES	NO	N/A
4. Has the company filed for bankruptcy? If yes, when?	YES	NO	N/A
5. Does the company have any liens that have been filed with the court(s)? If yes, explain.	YES	NO	N/A
6. Is the employer current on all federal, state, and local tax obligations?	YES	NO	N/A
7. Did the company relocate from another location? If yes, explain.	YES	NO	N/A
8. Did a company relocation result in layoffs at the previous location?	YES	NO	N/A
9. Does the company have a valid business license? If yes, please provide a copy.	YES	NO	N/A
10. Is company completing this information because of they are going to lay off employees? If yes, please complete page 3.	YES	NO	N/A

Section 3: FEDERAL CRITERIA

11. Does the company verify WIOA funds will not be used to relocate operation in whole or in part?	YES	NO	N/A
12. Will this training result in the displacement or layoff of any employed workers?	YES	NO	N/A
13. Will funding provided by WSC directly or indirectly assist, promote, or deter union organizing?	YES	NO	N/A
14. Will the employer meet the federal, state, and local requirements of the Fair Labor Standards Act for wages and for employer/employee relations?	YES	NO	N/A
15. Will the employer comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act and its regulations?	YES	NO	N/A
16. Will any funds or the trainee be used to promote or support the use, possession or distribution of marijuana or any contraband?	YES	NO	N/A
17. Has the company had any wage, health and safety or discrimination complaints or adverse decisions? If yes, explain.	YES	NO	N/A

Section 4: OJT ONLY (Skip to Section 5)

18. Does the company commit to providing long-term employment for successful OJT trainees?	YES	NO	N/A
19. Will OJT trainees wages be paid at the same rate as similar workers at the company that are in the same occupation with similar experience.	YES	NO	N/A
20. Will OJT trainees be provided the same benefits as regular non-OJT employees?	YES	NO	N/A

Section 5: FOR INCUMBENT WORKER ONLY (Otherwise – Skip to Section 6)

21. Has the employer been in business for 12 months?	YES	NO	N/A
22. Does the employer have at least five (5) full-time employees?	YES	NO	N/A
23. Does the employer have an established employment history with the trainees for six (6) months or more? (Exception is Cohort training)	YES	NO	N/A

Section 6: INTERNSHIP/WEX ONLY (Otherwise-Skip to Section 7)

24. Does the company have a minimum age requirement?	Yes	No	N/A
If so, what is the minimum age:			
25. Is the company willing to host an intern for a minimum of 6 weeks?	Yes	No	N/A

Section 7: SIGNATURES

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

EMPLOYER:	DATE:
TYPE/PRINT NAME:	TITLE:

The outcome of this company assessment is as follows:

The employer listed above meets all the requirements of: (check the appropriate box below)

☐ On-the-Job-Training

☐ Incumbent Worker Training

☐ Internship/WEX

BUSINESS SERVICES SIGNATURE:	DATE:
TYPE/PRINT NAME:	TITLE: Business Services Professional