



EMPLOYER QUESTIONNAIRE

Please answer the following questions. This information will be used by our office to draft an **On-The-Job Training Agreement** for your employee.

1. Employer Firm/Company Information:
Company/Organization Name: _____
Address: _____
City: _____ ZIP: _____
Telephone: _____ Fax: _____
2. Worksite Information (if different):
Company/Organization Name: _____
Address: _____
City: _____ ZIP: _____
Telephone: _____ Fax: _____
3. Employee's Supervisor Information:
Name: _____
Telephone: _____ Fax: _____
4. Contract Signator Information as desired on contract:
Signator's Name: _____
Signator's Title: _____
Signator's Telephone (if different): _____ Fax: _____
5. Current number of Workforce Development Board trainee(s) now in training at your firm: _____
6. Number of employees in the department: _____
7. Federal Employer Number: _____
8. Worker's Compensation Insurance:
Name of Company: _____ Policy Number: _____
9. Unemployment Compensation Number: _____
10. Business License Number: _____ Date of Expiration: _____
Issued By Whom: _____
11. Title of occupation for which employee is to be trained: _____
12. Hourly wage at which you intend to start the employee: _____
(You will be reimbursed up to 50% of this wage.)
13. Planned Start date: _____