

**WORKFORCE INVESTMENT BOARD OF TULARE COUNTY
OJT PRE-AWARD SURVEY**

Business Name: _____ FEIN: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Service Provider: _____ Date of Interview: _____
 Business Official Providing Information: _____

1. Is Worker's Compensation provided? Yes No
2. Has there been any safety, wage, hour, or child labor violations during the past 12 months? If yes, explain: Yes No
3. Does accounting system document cash received, state and federal tax withholding and FICA deductions? Yes No
4. Are health and safety standards being met as established by law? Yes No
5. Does the employer comply with applicable business licensing, taxation, and insurance requirements? Yes No
6. Has union concurrence been obtained? N/A Yes No
7. Are wages comparable to similar positions? Yes No
8. Have any employees been laid-off in the past 6 months? (If yes, list #_____) Yes No
9. Without the benefit of this OJT, the participant would not have otherwise been hired to fill this position. Yes No
10. Has the business or part of the business relocated from any location in the United States resulting in the loss of any employees at the original location for at least 120 days prior to the effective date of the OJT agreement? Yes No
11. Total company employees located in Tulare County: _____
12. OJT Wage Reimbursement Rate: _____
 50% (Employers that pay \$1.00 above minimum wage)
 50% (OJT Upgrade)
 75% (Individual with barriers to employment)

 Employer Signature Date Service Provider Signature Date