WORKFIRST Employment Security Department ON-THE-JOB TRAINING MASTER AGREEMENT

Master Agreement Number	Org Index Number_				
Start Date	End Date				
The Washington State Employme Employer shall provide the emplo accordance with the Terms and C	oyment opportunity as set f	forth in the individual OJT contract, in			
Employer's Legal Name					
UBI number:	FED ID (FEIN) Number			
Address	Phone				
City	State	ZIP code			
Circle one of the following:					
For Profit Corporation	Non-Profit Corporation	Partnership			
Sole Proprietorship	Other:				
Number of Current Employees	Number of Subsidize	d OJT Employees			
This On-The-Job Training Master Contract is executed by the persons signing below who certify that they have the authority to execute this On-The-Job Training Master Contract.					
Employer Representative	Title	<u>Date</u>			
WorkFirst Program Representativ	e	<u>Date</u>			
WorkFirst Supervisor or Designee	2	<u>Date</u>			

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GENERAL EMPLOYER BACKGROUND INFORMATION

Circle Yes or No

Α.	experienced layoffs in the last six months? If yes, is the training agreement written for the same/similar positions?	Has the Yes Yes		
В.	Does the employer have the necessary staff, equipment, and facilities to provide training and employment?	Yes	No	
C.	occupation subject to a bargaining agreement?	Is an Yes		
D.	Is Labor and Industries Insurance (L&I) coverage or comparable accident insurance, UI and all other benefits required by law provided by the employer?	Yes	No	
E.	Are all employer taxes, both state and federal, current?	Yes		
F.	Are time and attendance records being maintained?			
		Yes		
G.	Does a legitimate need for training and a reasonable	No		
	expectation for employment exist for the participant completing the training described in the contract?		5	
Note: No OJT contracts may be funded with employers who under previous OJT contracts exhibited a pattern of failing to provide OJT participants continual, long-term employment as regular employees with wages and benefits and working conditions at the same level and to the same extent as other employees working a similar length of time and doing the same work.				
Αg	reed by: Employer Representative Signature Date	<u>;</u>		
	pared by:			