

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
 DIVISION OF HIGHWAYS
 EEO DIVISION
 EXTERNAL CONTRACT COMPLIANCE SECTION
 TRAINEE ENROLLMENT FORM

| | |
|--------------------|--|
| State Project #: | |
| Federal Project #: | |
| County: | |
| District: | |

INSTRUCTION:

This enrollment form is to be completed by the contractor for each trainee employed on this project under Training Special Provisions, and submitted to the State Project Engineer/Supervisor. The State Project Engineer/Supervisor must forward this form to the EEO External Contract Compliance Section for approval prior to trainee starting work on the project.

| | | | |
|--|---|---|---------------------------------|
| CONTRACTOR'S NAME AND ADDRESS: | | CONTRACTOR'S PHONE #: | |
| TRAINEE'S NAME, ADDRESS, AND PHONE NUMBER: | | SOCIAL SECURITY #: | |
| | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| ETHNIC GROUP | <input type="checkbox"/> Asian American <input type="checkbox"/> Black <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ | |
| TRAINING CLASSIFICATION | | PROGRAM HOURS | |
| JOURNEYMAN RATE | | ANTICIPATED START DATE | |
| TRAINEE STARTING RATE | | | |

Do you have any previous work experience in the proposed training classification?

Yes No If yes, explain: _____

By My Signature, I Attest the Following:

1. I have read the terms and have received a copy of the training program. I understand the intent and the purpose of the training program and I can comply with all the conditions set forth in the program.
2. I further state that I have not completed, nor am I enrolled in any training program leading toward journey person status (other than approved apprentice program); nor have I been employed as a journey person in the classification for which I am now being considered.

Trainee Signature and Date

This training position is being filled by:

Apprentice (hours completed _____) OJT (hours completed _____)

| | | |
|---|------------------|-------|
| Contractor's Project Manager Signature | Project Phone#: | Date: |
| State Project Engineer/Supervisor Signature: | Project Phone #: | Date: |
| Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> COMMENTS: | | |
| _____ Signature | | |