

# On-The-Job Training Program Application for Approval

## COLORADO OFFICE OF VETERANS EDUCATION & TRAINING

The information listed below must be completed and returned to this office at the above address. Please submit a Training Outline and a VA Form 22-8794 with this application. Our office will need to have 2 copies of each of the above mentioned documents.

1. Name of Training Establishment:

Address

City

State

Zip Code

2. Contact Person Regarding Approval:

3. Telephone Number:

Fax Number:

E-mail Address:

4. Supervisor of Training:

5. Job Title:

6. Length of Program:

7. Wage upon Completion of Training:

8. Number of Trainers:

Number of Trainees:

9. Work Week:

Hours per Day:

Days per Week:

Total Hours per Week:

10. Wage Schedule during Training: **STARTING WAGE MUST BE AT LEAST 50% OF WAGE IN #7, WILL BE INCREASED IN REGULAR PERIODIC INCREMENTS AND TRAINEE WILL BE PAID 85% OF WAGE IN #7 AT LEAST DURING THE LAST MONTH OF TRAINING.**

\$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ months

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\$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ months

\$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ months

11. Certification:

The training establishment will meet the following criteria:

- A Training Agreement will be provided to the trainee
- There is reasonable certainty that the job will be available upon completion of training
- Veteran employees are paid the same as non-veteran employees
- Previous training experience will be evaluated, and if awarded, will be indicated on the Training Agreement
- A Certificate of Completion will be provided to the trainee upon completion of the training program
- A monthly training record will be kept to document progress of training and related instruction
- The VA will be notified when trainee completes, quits or is terminated

Signature of Company Official:

Title: \_\_\_\_\_

Date: \_\_\_\_\_