



MISSISSIPPI DEPARTMENT OF TRANSPORTATION
ON-THE-JOB TRAINING PROGRAM
TRAINEE ENROLLMENT FORM

PLEASE PRINT OR TYPE

Contractor: _____

EEO Contact: _____ Telephone No: () _____

Trainee Name: _____

Address: _____
Last First Middle
Street/PO

Telephone No: () _____ Emergency Telephone No: () _____
City State Zip Code

Date of Birth: _____ Last 4 of SSN: _____

Driver's License No: _____ Exp. Date: _____ State: _____

Race: [] Black [] American Indian [] Hispanic [] White [] Asian

Sex: [] Male [] Female Status: [] New Hire [] Upgrade

Classification: _____ No. Hours: _____ Start Date: _____

Check One: [] OJT Project No. _____

I hereby certify that I have received a copy of my training program and a representative of the contractor has explained the program to my full understanding. Also, I have not successfully completed a training course leading to journey status in this classification or ever been employed as a journeyman in this classification.

Trainee Signature: _____ Date: _____

I hereby certify that I have presented this employee with a copy of his/her training program and have explained the program to his/her full understanding. To the best of my knowledge this employee has not successfully completed a training program leading to journey status in this classification or ever been employed as a journeyman in this classification.

Contractor Representative Signature: _____

Title: _____ Date: _____

Distribution List

- 1. Contractor provide copy to Project Engineer no later than 60 days after notice to proceed.
2. Project Engineer keep copy and forward original to Office of Civil Rights (62-03) with 10 days of receipt from contractor.