

# ENROLLMENT FORM

**PROJECT NAME & NUMBER:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_ OJT SUPERVISOR: \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

**TRAINEE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

\_\_\_\_\_ **GENDER:**  M  F (CHECK ONE)

\_\_\_\_\_ **ETHNIC CLASS:** \_\_\_\_\_

**TRAINEE CLASSIFICATION:** \_\_\_\_\_

**NUMBER OF HOURS:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**CONTRACTOR'S PROJECT MANAGER:** \_\_\_\_\_

**SITE PHONE #:** \_\_\_\_\_

**CELL PHONE#:** \_\_\_\_\_

**VTRANS RESIDENT ENGINEER:** \_\_\_\_\_

**SITE PHONE #:** \_\_\_\_\_

**CELL PHONE#:** \_\_\_\_\_

WAGES	
STARTING	\$ _____
1/2	\$ _____
3/4	\$ _____
ENDING	\$ _____

## SIGNATURES

**TRAINEE SIGNATURE:** \_\_\_\_\_

**EMPLOYER SIGNATURE:** \_\_\_\_\_

**VTRANS OFFICE OF CIVIL RIGHTS SIGNATURE:** \_\_\_\_\_

UPON SATISFACTORY COMPLETION OF THE TWO-WEEK PROBATIONARY PERIOD AND SUBJECT TO THE APPROVAL OF THE VTRANS OFFICE OF CIVIL RIGHTS & LABOR, THE TRAINEE WILL BE OFFICIALLY ENROLLED IN THE OJT PROGRAM. A REPRESENTATIVE FROM THE OFFICE OF CIVIL RIGHTS & LABOR COMPLIANCE WILL CONDUCT THE ENROLLMENT AND ORIENTATION AT THE JOB SITE. PRIOR TO THIS MEETING, THE CONTRACTOR SHOULD COMPLETE THE OJT PROGRAM ENROLLMENT SO IT MAY BE APPROVED AND SIGNED BY THE OJT PROGRAM MANAGER, THE TRAINEE, AND THE CONTRACTOR AT THE OJT ENROLLMENT. THE START DATE OF THE PROBATIONARY PERIOD SHOULD BE USED AS THE TRAINEE'S ENROLLMENT DATE.

**UNTIL THE OJT PROGRAM MANAGER APPROVES AN OJT START DATE, IT IS NOT EFFECTIVE AND WILL NOT BE RETROACTIVE!**

**CONTACT: THE OFFICE OF CIVIL RIGHTS & LABOR COMPLIANCE ~ PHONE: 802-828-2715 ~ FAX: 802-828-1047**