



MISSISSIPPI DEPARTMENT OF TRANSPORTATION
ALTERNATE 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: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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. \_\_\_\_\_ N/A [ ] Alternate OJT Program

\*\*\*\*\*
\*\*\*\*\*

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: \_\_\_\_\_

MAIL ORIGINAL AND RETAIN COPY:
Office of Civil Rights
Mississippi Department of Transportation
On-The-Job Training Coordinator
P.O. Box 1850
Jackson, Mississippi 39215-1850

