



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

PLEASE PRINT OR TYPE

Contractor: _____

EEO Contact: _____ Telephone No: () _____

Trainee Name: _____
Last First Middle

Address: _____
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. _____

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.