



DELAWARE 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*

City State Zip Code  
Telephone No: ( ) \_\_\_\_\_ Emergency Telephone No: ( ) \_\_\_\_\_

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. \_\_\_\_\_  Alternate OJT Program

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*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 journey person in this classification.*

Contractor Representative Signature: \_\_\_\_\_

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

**RETAIN ORIGINAL AND MAIL COPY TO:**  
Delaware Department of Transportation  
On-The-Job Training Program  
800 Bay Road, P. O. Box 778  
Dover, DE 19903