



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

NICOLE MAJESKI
SECRETARY

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

PLEASE PRINT OR TYPE

Contractor: _____

EEO Contact: _____ Telephone No: (____) _____

Email: _____

Trainee Name: _____
Last First Middle

Email: _____ Telephone No: (____) _____

Address: _____
City State Zip Code

Telephone No: (____) _____ Emergency Telephone No: (____) _____

Date of Birth: _____ Social Security No: _____

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

Race: _____ Sex: _____

Status: _____ OJT Project No. _____

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

Wage Progression: Starting Wage: _____ 60% _____ 75% _____ 90-100% _____

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: _____ Date: _____

Trainee Signature: _____ Date: _____

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