



Business Pre-screen Interview – On-the- Job -Training

Information Items

Business Name: _____ DBA: _____
(If different)

Name for Payment: _____
(check/ACH payable name if different)

Address: _____ City: _____ State: ____ Zip: _____

Contact Name: _____ Phone: _____

1. How long has the employer been in business in this area? _____
2. Is the business being sold or merging with another company? Yes No
3. Has the company relocated from another area in the U.S. within the last 120 days, leaving any workers behind? Yes No
4. What is the chief product or service? _____
5. What is the North America Industry Classification System Code (NAICS)? _____
6. What is the DUNS number? <https://www.dnb.com/en-us/smb/duns/duns-lookup.html> _____
7. How many full-time employees? _____ Anticipated start date? _____
8. How many new hires are anticipated in the next two years? _____
9. What type(s) of training is normally provided to new hires?

10. Is the job covered by a collective bargaining agreement? Yes No
Will this training displace current employees? Yes No
11. Does the employer use a staffing agency? Yes No
If yes, which one: _____
Describe the relationship: _____
12. Are jobs expected to last a year or more in the normal course of business? Yes No
13. What skills will current workers and new hires need to acquire to be fully productive?

14. Does the employer have sufficient equipment, materials and supervisory time and expertise to provide necessary training? Yes No
15. What are the turnover patterns and causes and could we do anything to help lower turnover?

16. Are any jobs based upon: Commissions Tips Piece work Incentives N/A
17. Is there a base wage that commissions, tips, piece work or incentive pay is added to?
 Yes No
18. Which fringe benefits are provided to regular employees?

Assurances and Compliance Items

1. Does the employer have a payroll system which records all paychecks and amounts? Yes No
2. Are any employees currently on layoff? Yes No
3. Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions? Yes No
4. What percentage of previous trainees, over the past two years, have completed OJT's with EMI and been retained by the firm?
Number of OJTs:
Number of employees retained:
Percent of employee retained:
Is the retention % below 75%? Yes No If no, what improvements are planned?
5. Are there any unique requirements of the job that would either increase or decrease the training time allowed? Yes No If yes, what are they?

Signatures

Employer Signature: _____ Date: _____
OJT Owner Signature: _____ Date: _____

Form Date: 05.06.26

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