**REGISTRATION FOR OJT PROGRAM**

**NAME SS# (last four)**

**ADDRESS**

 **STREET**

 **CITY STATE ZIP CODE**

**TELEPHONE SEX RACE**

**CONTRACTOR/EMPLOYER**

**ADDRESS**

 **STREET**

 **CITY STATE ZIP CODE**

**TRAINING CLASSIFICATION**

**DATE TRAINING STARTED**

**JOB NUMBER JOB SITE**

 **SIGNATURE - APPLICANT SIGNATURE - EMPLOYER**

**SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS IS AN EQUAL OPPORTUNITY PROGRAM**

 c: ARDOT Resident Engineer/Doc Express

 OJT Supportive Services Specialist – Civil Rights Division