

ON-THE-JOB TRAINING PROGRAM ENROLLMENT FORM

Program Year



TRAINEE INFORMATION			
Last Name:	First Name:	MI:	SSN (lasts 4 digits):
Address:			
City:	State:	Zip Code:	Phone:
Gender:			
Ethnicity: If other, please specify:			
New Hire or Upgrade:	If upgrade, previous job classification:		Previous wage:
How did the candidate demonstrate the commitment and capability to complete the program:			

TRAINING INFORMATION		
Proposed trainee job classification:	Training start wage:	Planned training start date:
Starting project number:	Is the OJT Special Provision included in the contract? If no, a change order must be generated.	
Project Manager:	District:	County:

CONTRACTOR INFORMATION	
Contractor:	
Contact Person:	Phone:
Address:	City, State, Zip:
E-mail:	

Trainee Signature

Contractor Representative

Print Name

Print Name

Date

Date

Submit this form within seven days of intent to assign trainee to a project to the Project Manager and NMDOT's Construction and Civil Rights Bureau. A signed copy must also be maintained in the project files.