



ATLANTIC COUNTY

OJT EMPLOYER PRE-SCREENING SURVEY

SECTION 1: EMPLOYER INFORMATION

Employer Legal Business Name:	
Former/Other Name(s) Under Which the Employer Conducted Business:	
FEIN #:	UBI #:
<input type="checkbox"/> For Profit	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Public
Employer Address:	Employer Phone # : Employer Fax # :
Website Address:	
Authorized Representative:	Title:
Phone:	Email:
Description of Business/Products/Services:	
Years in Business:	Number of Employees: FT :
A minimum of 120 days in Atlantic County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business involved in a labor dispute?
<input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone currently in layoff? If yes, are the layoffs <input type="checkbox"/> from same or substantially equivalent job? <input type="checkbox"/> Permanent or <input type="checkbox"/> Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No Has there been a lay-off over the past 120 days? If yes, describe circumstances: _____	
Business Fluctuations (layoff/peak times): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business relocate from another area within the last 120 days?
	If yes, were workers laid off from the previous site? Yes No
	If yes, number laid-off: _____ <input type="checkbox"/> <input type="checkbox"/>
	Was WIOA assistance sought in connection with past or impending job losses due to the relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were WARN notices relating to the Employer filed? Yes No
	Did the business operate under a different name at the previous location? <input type="checkbox"/> <input type="checkbox"/> If yes, other business name: _____

ATTACHMENT B:

- ☐ Yes ☐ No Is the business working under a Collective Bargaining Agreement?
- ☐ Yes ☐ No If Yes, is the OJT position consistent with the Collective Bargaining Agreement?
- ☐ Yes ☐ No Do the Employer's hiring practices discriminate because of race, color, sex, national origin, religion, physical or mental handicap, political beliefs or affiliations or age?

- ☐ Yes ☐ No Has the business previously used OJT?

If yes, how many OJT positions have been previously funded? _____

If yes, how many OJT placements successfully completed training? _____

If yes, how many OJT placements were retained for 12 months or more after completion of training with same benefits of other workers in comparable positions? _____

If yes, how many OJT placements received a wage increase or promotion after successful completion of training? _____

If, yes how many OJT placements received a wage decrease after successful completion of training? _____

If yes, how many OJT placements were dismissed during the training period or during the retention period? _____

SECTION 2: FINANCIAL/PAYROLL

- ☐ Yes ☐ No Has the business or predecessor ever filed for bankruptcy?

PAY: ☐ Hourly ☐ Salary ☐ Commission ☐ Overtime

FREQUENCY ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly

- ☐ Yes ☐ No Is there a payroll system with ledgers that track gross pay, deductions. Including Federal withholdings, FICA, industrial Insurance and net pay?

- ☐ Yes ☐ No Can copies of paystubs showing wage and required deductions be provided for OJT payments reimbursement?

- ☐ Yes ☐ No Does the Employer pay Workman's Compensation Insurance?

- ☐ Yes ☐ No Is the employer current in workers compensation taxes, penalties and/or interest or relater payment plan?

- ☐ Yes ☐ No Does the employer have an account with the New Jersey ESD of unemployment insurance?

- ☐ Yes ☐ No Is the employer current in UI taxes, penalties and/or interest related payment plan?

SECTION 3: ON-THE-JOB-POSITION (S)

Job(s) to be filled with OJT Trainee (ATTACH JOB DESCRIPTION) if available

Indicate the number of trainees the employer agrees to sponsor: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the position involve the construction, maintenance or operation of any part of any facility that is used or to be for sectarian instruction or as a place for religious worship or political activities?
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Current job opening is due to: ☐ Expansion

If separated: ☐ Quit

If fired, please state circumstances: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the OJT position displace any currently employed workers or infringe upon the promotional opportunities of any current employees?
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OJT Position wage: \$ _____

Benefits: ☐ Medical ☐ Dental ☐ Vision ☐ 401K ☐ Other _____

Size of workforce ☐ 100+ ☐ 20-99 ☐ 1-19 employees

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the position wage, benefits, periodic pay increases and working conditions offered to the OJT trainee the same as similarly situated employee in similar positions?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Employer anticipate sufficient work to provide long-term regular employment for the position? (Minimum of one (1) year or longer).
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the wage and benefit level of the participant increase after completion of the OJT?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business have any pre-existing employee training programs? If yes, provide brief description of training programs and method delivery:
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Designated Supervisor: _____ Title: _____

Phone: _____ Email: _____

I attest the answers to the above questions are true to the best of my knowledge.

Printed Name of Authorized Employer Representative

Title

Signature of Authorized Employer Representative

Date

Section 2: Letter of Acknowledgement

Employer Name: _____

Mailing Address: _____

The individual named below shall receive all correspondence via mail, email or fax related to this application.

Contact Person: _____ Job Title: _____

Contact Phone: _____ Contact E-mail: _____

FEIN: _____

Applicants must complete and sign the enclosed W-9 and the letter of acknowledgement.

I understand that the information and processes outlined in this guide are required for reimbursement from Atlantic County Workforce Development for services rendered on behalf of WIOA eligible participants. It is also understood that the purpose of an apprenticeship training program is to provide supplemental financial assistance for the employer who provides work-based learning and employment to eligible participants. A successful training process is intended to result in the employer retaining the eligible participant and continuing to employ and pay him/her with unsubsidized funds.

I understand that in signing this letter of acknowledgement, I have reviewed and agree to the terms and procedures outlined in this guide. I also understand that failure to retain successful apprentices could eliminate my company from any further apprenticeship opportunities.

Employer (or) Designee Signature_____
Date

BUSINESS ENTITY DISCLOSURE CERTIFICATION

FOR NON FAIR AND OPEN CONTRACTS

Required pursuant to NJSA 19:44A-20.8

County of Atlantic

Part 1– Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby

certify that the _____ (name of business
entity)

has not made and will not make any reportable contributions pursuant to NJSA 19:44A-1

et seq. that, pursuant to PL 2004, C19 would bar the award of this contract in the one year

preceding _____

(date of the award- scheduled for approval of the contract by the Board of Chosen
Freeholders)

to any of the following named candidate committee, joint candidates committee; or

political committee representing the elected officials of the County Atlantic as defined

pursuant to NJSA 19:44A-3(p), (q), and (r).

See attached list of Candidate/Committee Names dated

November 2020

as prepared by the Clerk of the Board of Chosen Freeholders

Part 2 – Ownership Disclosure Certification – Complete this Section

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the outstanding stock of the undersigned

CIRCLE the type of business entity

Partnership

Corporation

Sole Proprietorship

Subchapter S Corporation

Limited Partnership

Limited Liability Corporation

Limited Liability Partnership

Name of Stock or Shareholder	Home Address

Part 3 – Signature and Attestation: Complete sign and have notarized

The undersigned is fully aware that if I have misrepresented in whole or in part of this affirmation and certification, I and/or business entity, will be liable for any penalty permitted under law.

_____ Name of Business Entity:

Signed Title

_____ Print Name

_____ Date

Subscribed and sworn before me this _____ day of _____, 20____

_____ expires: _____ (Affiant) _____ My commission

(print name and title of affiant)

(Corporate Seal)

C. 271 Political Contribution Disclosure Form

Required pursuant to NJSA 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

COMPLETE THIS PAGE AND SIGN

Part I Vendor Information

Vendor Name _____

Address _____

City _____ State _____ Zip _____

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of NJSA 19:44A-20.26 and as represented by the Instructions accompanying this form.

Signature

Printed Name/Title

Part II – Contribution Disclosure

Disclosure requirement : Pursuant to NJSA 19:44A-20.26 this disclosure must include all reportable political contributions (**more than \$300 per election cycle**) over the 12 months prior to submission to the committees of the government entities on the form provided by the local unit

___ Check here if disclosure is provided in electronic form

Contributor Name	Recipient Name	Date	Dollar Amount

___ Check here if the information is continued on subsequent page(s)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.