

TRAINING PLAN OUTLINE APPLICATION

Ole e ele Ale e es						l	viastei	Agreen	nent Numbe	er: _	
Cneck the pi	ogram	for whi	ich the	e outline	e is de	esigned:					
□ IWT		OJT		PWE		Summe	. 🗆	Other	:		
Position Prof	ile										
Employer Na	me: _										
Position Sup	erviso	r:									
Telephone: Email:											
Job/Occupation Title:											
Job Description Attached? Yes No TOL/SOC Code: Training Plan Outline is not valid without an approved Job Description attached											
Number of Job Openings: Full-time position: Yes No											
Preferred education and/or Skills:											
Preferred Qu	ıalificat	ions:									
Describe the	work e	nviron	ment:								
Exact location	on whei	e parti	cipant	(s) will	be wo	rking if diffe	rent from the	organization	address		
Address:											
Address: _											
									Zip	: _	
City:	sition re	equire a	a back	ground	chec	k prior to	tate: placen	nent? □			
City: Does the pos If yes, wh	sition re at level cipant(equire a backgr	a back ound o	ground check is d in out	chec neede	k prior to ed? activities	tate: placem	nent? □	Yes □ No		
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City: Does the pos If yes, wh Will the parti If yes, do y What type of	sition re lat level cipant(ou have	equire a backgr s) be in e an alto	a back ound o volve ernate	ground check is d in out	chec neede door a	k prior to ed? activities ment weat	placen Placen Ye her?	nent? □ s □ No Yes □	Yes □ No		
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Participant Skills Assessment						
Participant(s) Name:						
	Skills	Hours Required	Starting Capa	bility		
			Not Skilled			
1.)			Some Skill			
			Skilled			
			Not Skilled			
2.)			Some Skill			
			Skilled			
			Not Skilled			
3.)			Some Skill			
			Skilled			
4.			Not Skilled			
4.)			Some Skill Skilled			
			Not Skilled			
5 \			Some Skill			
5.)			Skilled			
			Not Skilled			
6)			Some Skill			
6.)			Skilled			
			Not Skilled			
7.)			Some Skill			
1.)			Skilled			
			Not Skilled			
8.)			Some Skill			
0.,			Skilled			
			Not Skilled			
9.)			Some Skill			
Í			Skilled			
			Not Skilled			
10.)			Some Skill			
			Skilled			
	ng Outline s both academic and occupational educational components which re	fers to contextual lear	ning that accompanies	work		
experie	nce. It includes the information necessary to understand and work in	the specific occupation	on listed above.			
	oational					
Educ						
Comp	onents:					
Acade	emic					
Components:						
	-					



Start Date: E	nd Date:
Progress Reports due to CSTB (check all Failure to provide progress reports will result in non-con	
□ Jan □ Feb □ Mar □ Apr □ May □	☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
Are Timesheets Required for this Prograr	n? □ Yes □ No
If yes, Timesheets are d	lue: Weekly Bi-weekly Monthly
Employer Reimbursement Agreement if ap	plicable
Rate of Pay: <u>\$ /hr</u> X Reimburse	ment %: % = Reimbursement Rate: _\$ /hr
Reimbursement Invoice due to CSTB:	Monthly \square At the end of training
If monthly, the invoice is du	e on the day of each month.
in this form is true and accurate to the best of in this program will not result in the displacement of new employees. I understand that I must me monitor, and enter into a formal CSTB Master	ny/organization, I hereby certify that the information contained my knowledge. I also understand and agree that participation ent of currently employed workers or the freezing of the hiring set all employer eligibility criteria, have a pre-inspection onsite a Employer/Work-Site Agreement in order to participate in the oplication must have authority to enter into contracts on behalf
Authorized Representative (Signature)	CSTB Representative (Signature)
Authorized Representative (Print Name)	CSTB Representative (Print Name)
Title	Title
Date	Date