



TRAINING PLAN OUTLINE APPLICATION

Master Agreement Number: \_\_\_\_\_

Check the program for which the outline is designed:

IWT     OJT     PWE     Summer     Other: \_\_\_\_\_

**Position Profile**

Employer Name: \_\_\_\_\_

Position Supervisor: \_\_\_\_\_

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 Qualifications: \_\_\_\_\_

Describe the work environment: \_\_\_\_\_

Exact location where participant(s) will be working *if different from the organization address*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the position require a background check prior to placement?  Yes  No  
 If yes, what level background check is needed? \_\_\_\_\_

Will the participant(s) be involved in outdoor activities?  Yes  No  
 If yes, do you have an alternate plan for inclement weather?  Yes  No

What type of special equipment, tools and/or machinery, if any, will the participant(s) be using?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Workday Schedule (specify hours per day)**

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____
Hours: _____	Hours: _____	Hours: _____	Hours: _____	Hours: _____	Hours: _____	Hours: _____

Total Hours per Week: \_\_\_\_\_

Position Profile

Skill Assessment

**Participant Skills Assessment**

Participant(s) Name: \_\_\_\_\_

	Skills	Hours Required	Starting Capability
1.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
2.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
3.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
4.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
5.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
6.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
7.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
8.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
9.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>
10.)			Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled <input type="checkbox"/>

Training Outline

**Training Outline**

*Includes both academic and occupational educational components which refers to contextual learning that accompanies work experience. It includes the information necessary to understand and work in the specific occupation listed above.*

**Occupational Education** \_\_\_\_\_

**Components:** \_\_\_\_\_  
\_\_\_\_\_

**Academic Components:** \_\_\_\_\_  
\_\_\_\_\_

Reporting Schedule Agreement

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Progress Reports due to CSTB (check all that apply):**  
*Failure to provide progress reports will result in non-compliance with the Master Agreement*

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**Are Timesheets Required for this Program?**  Yes  No

If yes, Timesheets are due:  Weekly  Bi-weekly  Monthly

**Employer Reimbursement Agreement** *if applicable*

**Rate of Pay:** \$ \_\_\_\_\_ /hr **X Reimbursement %:** \_\_\_\_\_ % = **Reimbursement Rate:** \$ \_\_\_\_\_ /hr

**Reimbursement Invoice due to CSTB:**  Monthly  At the end of training

If monthly, the invoice is due on the \_\_\_\_\_ day of each month.

Employer Reimbursement Agreement

*As an authorized representative of the company/organization, I hereby certify that the information contained in this form is true and accurate to the best of my knowledge. I also understand and agree that participation in this program will not result in the displacement of currently employed workers or the freezing of the hiring of new employees. I understand that I must meet all employer eligibility criteria, have a pre-inspection onsite monitor, and enter into a formal CSTB Master Employer/Work-Site Agreement in order to participate in the program. NOTE: The individual signing the application must have authority to enter into contracts on behalf of the applying company.*

\_\_\_\_\_  
 Authorized Representative (Signature)

\_\_\_\_\_  
 Authorized Representative (Print Name)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 CSTB Representative (Signature)

\_\_\_\_\_  
 CSTB Representative (Print Name)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date