

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ON-THE-JOB TRAINING TRAINEE INTERVIEW**

275-021-02  
EQUAL OPPORTUNITY OFFICE  
05/16  
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SECTION 1: PROJECT IDENTIFICATION				
1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Contractor Name		7. FEID No.		
SECTION 2: TRAINEE IDENTIFICATION				
8. Proposed Training Classification:		9. Trainee's Name ( first/ middle initial /last)		
10. Four digit employee Identifier	11. Trainee's Race			12. Sex
	<input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian/Nat AI <input type="checkbox"/> Asian <input type="checkbox"/> Nat HI/PI <input type="checkbox"/> 2 or more races			<input type="checkbox"/> Male <input type="checkbox"/> Female
SECTION 3: INTERVIEW TO DETERMINE PRIOR WORK EXPERIENCE IN PROPOSED CLASSIFICATION AND/OR PRIOR TRAINING IN PROPOSED CLASSIFICATION				
13. What company do you work for?		<input type="checkbox"/> Same as #6 above <input type="checkbox"/> Other (specify)		
14. When did you begin working for this company? What Job Class (Title) did you start in?		Mo. Hired	Yr. Hired	Job Class (title) at hire
15. Have you worked for other construction Companies? Which companies?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, company names
16. What kind of work have you done for the past two years for this Co. &/or others?		Recent Jobs Classes (titles)		
17. Has this or any company ever enrolled you in the FDOT Training program?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what company & what training class (title)?
18. Do you know that your Company wants to enroll you in a training program for "___" (see #8 above)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who told you and when?
19. Have you done that type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how long, when & for what Company?
20. Have you been trained for that type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when, for how long & for what Company?
SECTION 4: PROFICIENCY ASSESSMENT FOR PROPOSED CLASSIFICATION				
Refer to Question # 9 on Form 275-021-01 "Proficiency Record for OJT" for this classification on this project- Read the proficiency one at a time and ask "Have you had experience doing this? Do you know this? Etc"				
Interviewer Read from Form:	"Have you done/ Do you know, etc"	Comments of Enrollee		
Proficiency 9a	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9b	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9c	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9d	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9e	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 5: HAS TRAINEE RECEIVED OJT PROGRAM INFORMATION?				
NOTE: RCS: inform contractor if data is needed				
21. Have you received a 'Monthly Time Report' listing training topics and hours?				<input type="checkbox"/> Yes <input type="checkbox"/> No*
22. Have you received information on the total training hours and skills (proficiencies) you will need to achieve for graduation?				<input type="checkbox"/> Yes <input type="checkbox"/> No*
23. Have you received a Trainee Identification card OR been advised that you will receive one?				<input type="checkbox"/> Yes <input type="checkbox"/> No*
SECTION 6: SIGNATURES & COMMENTS				
24. Interview Date	25. Interviewer's Signature		26 Trainee's Signature	
27. Comments of Interviewer &/or RCS (optional)				

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**Instructions for Completing Form**

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This form is used to record information regarding an enrollee's work and training experience as related to the proposed training classification. It also confirms that the contractor has provided the trainee with program information.

**Section 1: Project Identification (completed by RCS)**

**Box 1: Fin. Proj No.** – The Financial Project Number

**Box 2: F.A.P. No.** – The Federal Aid Project Number assigned to federally funded projects. Leave Blank or insert N/A when training is performed on state funded projects.

**Box 3: Contract No.** – the project contract number

**Box 4: County** – County or counties project work is being performed in

**Box 5: District** – The Department's District Number Designation in which the training documents are being submitted. Districts are 1-7, and the Turnpike District.

**Box 6: Contractor Name** – The name of the prime contractor.

**Box 7: FEID No.** – The contractor's Federal Identification Number

**Section 2: Trainee Identification (completed by RCS)**

**Box 8: Proposed Training Classification** – Training Classification proposed for the enrollee

**Box 9: Trainee's Name** - first name, middle initial, last name of enrollee

**Box 10: Trainee's four digit employee Identification Number** – print or type

**Box 11: Race** - indicate race

**Box 12: Sex** - male or female

**Section 3: Interview To Determine Prior Work Experience And/Or Training  
In Proposed Training Classification**

**Box 13: What Company do you work for?** Check mark if same as Co. in Box 6 or Name the Co.

**Box 14: When did you begin working for this Co. & in what job class (title) did you start in??** Record month/year of employment. Name of job started in is recorded

**Box 15: Have you worked for other construction companies?** If yes, record the name of those companies

**Box 16: What kind of work have you done for the past two years?** State the type of work done (e.g laborer, equipment operator) and cite the classification common to that work (e.g. unskilled laborer, bulldoze operator)

**Box 17: Has this or any company ever enrolled you in the FDOT training program?** If yes, record the company & training classification

**Box 18: Do you know that the company wants to enroll you in a training program for \_\_?** (State the name of the training classification shown in box 8. Mark yes or no. If yes, record the name of the person who informed the trainee & when.

**Box 19: Have you done that type of work before?** If yes, determine how long, when and with what company.

**Box 20: Have you been trained for that type of work before?** If yes, determine when, how long and with what company.

**Section 4: PROFICIENCY ASSESSMENT FOR PROPOSED CLASSIFICATION**

The purpose of this section is to determine if the proposed enrollee is already experienced and/or already knowledgeable of the proficiencies they are required to develop for this training classification. The interviewer is to refer to form 275-021-01 "Proficiency Record for OJT" for the proposed classification on this project. Read each proficiency separately, and ask the enrollee if they know how to do that/if they have experience doing that, etc. Mark yes or no next to each of the proficiency ID numbers ( 9a to 9e) and add any enrollee comments.

**Section 5: Has Trainee Received OJT Program Information?**

Note: When the RCS receives the completed Interview form, the RCS will inform the contractor of any "No" answers for questions 21, 22 and 23 in order to ensure the trainee's clear understanding of the training program. "No" answers do not disqualify the trainee from enrollment; they merely assist the contractor in communicating the program to the trainee.

**Box 21: Has the enrollee received a monthly time report listing topics and hours?** Yes or No

**Box 22: Has the enrollee received information on total training hours and skills (proficiencies) to be achieved?** Yes or No

**Box 23: Has the enrollee received or been informed they would receive an identification card?** Yes or No.

**Section 6: Signatures and Interviewer Comments**

**Box 23: Interview Date** Month, day and year interview was conducted

**Box 23: Interviewer's Signature** Interviewer signs at end of interview.

**Box 25: Trainee Signature:** Interview asks the enrollee to sign the form.

**Box 26: Interviewer and/or RCS comments: (optional)** this space is provided for the interviewer and/or RCS to provide any comments regarding the enrollee and/or the interview