

***West Virginia
Higher Education Policy Commission***

Office of Veterans Education and Training Programs

**APPLICATION FOR APPROVAL AND TRAINING AGREEMENT
FOR ON-THE-JOB TRAINING**

FIRM NAME: _____

STREET: _____

CITY/STATE: _____ **PERSON TO CONTACT:** _____

TRAINING PROGRAM: _____ **DOT NUMBER:** _____

1. Check type of training to be given: Apprenticeable _____ Other On-the-job _____

If the trade to be learned is apprenticeable and a training period in excess of two years is desired, the employer agrees to enter into an Apprenticeship Agreement with the trainee as prescribed by the Office of Veterans Education and Training.

2. Registration with B.A.T. Apprenticeship Council: Is Desired _____ Is Not Desired _____

3. Title and description of job objective for which veteran is to be trained: _____

4. Length of training period: _____ Hours

5. Normal work day and week: _____ Hours/Day _____ Hours/Week

6. Journeyman wage or salary paid by the establishment to employees already trained in the kind of work for which the veteran is to be trained:

_____ per _____

7. Number of trained workers in this occupation: _____

8. Number of veterans to be trained for this specific job objective: _____

9. Name of person who will instruct the trainee on the job: _____

Qualifications: _____

10. A training schedule is attached listing various operations for major kinds of work or tasks to be learned and showing for each, job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task. The employer will furnish the veteran and the Veterans Administration copies of the training program.

11. I certify that supplemental (related) instruction: Is Required _____ Is Not Required _____

12. Has the establishment the equipment or material to do a proper training job? _____

13. Wage or salary to be paid at the beginning of the training program, at each successive step in the program, and at the completion of the training:

From: _____	to _____	\$ _____	From: _____	to _____	\$ _____
From: _____	to _____	\$ _____	From: _____	to _____	\$ _____
From: _____	to _____	\$ _____	From: _____	to _____	\$ _____
From: _____	to _____	\$ _____	From: _____	to _____	\$ _____

14. This is to certify that the wages to be paid the veteran upon entrance into training are not less than wages paid nonveterans and are at least 50% of wages paid for the job for which he is to be trained. Wages will be increased in regular periodic increments until, not later than the last full month of the scheduled training period, they will be at least 85% of the wages paid for the job for which the veteran is being trained. (Not applicable for programs at public agencies or registered apprenticeships.)

15. This is to certify that there is reasonable certainty that the job for which the veteran is to be trained will be available to him at the end of the training period.

16. This is to certify that adequate records, including Form SAA 17 and any other record required by the State Approving Agency, will be kept by the employer to show the progress made by the veteran toward his job objective. A monthly report showing attendance and progress made in the course of training on-the-job will be maintained and will be available for inspection by the Veterans Administration and by the State Approving Agency.

17. This is to certify that this training agreement covers a: _____ Hours training program, and that the trainee has been given: _____ Hours credit for previous training or experience as of the date of this agreement.

18. The veteran hereby agrees to apply himself diligently and faithfully to the training program as set forth herein.

19. It is understood that this establishment is liable for overpayments made to the veteran due to willful or negligent failure to report changes to the Department of Veteran Affairs, P.O. Box 4616, Buffalo, NY 14202-4616.

Trainee Signature **Printed Name of Trainee** **Signature of Training Coordinator/Date**

S.S.# of Trainee: _____ **Training Facility (printed):** _____

Date Trainee Started: _____

FOLLOWING FOR USE OF STATE APPROVING AGENCY ONLY:

APPROVED BY: _____ **DATE:** _____