



APPLICATION FOR APPROVAL FOR ON-THE-JOB TRAINING

NORTH DAKOTA STATE APPROVING AGENCY

SFN 61682 (08-2019)

Approval of on-the-job training program must fall within the purview of the Veteran's Readjustment Benefits Acts of 1966 and 1967, Title 38, US Code, Chapters 30, 33 and 35, and Title 10, US Code, Chapter 1606.

Name of Firm Applying for Approval			
Address	City	State	ZIP Code

I. DESCRIPTION OF ON-THE-JOB TRAINING PROGRAM

Title of Job Objective for which Trainee is Trained	DOT Code
Description of Job Objective	
Training Period (in months)	Average Workweek (in hours)

Training Schedule

Tasks	Hours Assigned	Tasks	Hours Assigned

Proposed Wage Schedule (use as many pay periods as necessary)

Period	Months	Rate per Hour	Period	Months	Rate per Hour
1st period			6th period		
2nd period			7th period		
3rd period			8th period		
4th period			9th period		
5th period			10th period		

Hours of Supplemental Instruction Required Annually

Provisions Necessary for Supplemental Training
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Name of Trainee Supervisor		Title	
Business Address		City	State ZIP Code
Telephone Number	Fax Number	Email Address	

II. GENERAL INFORMATION

Type of Training Establishment <input type="checkbox"/> Public <input type="checkbox"/> Private-Profit <input type="checkbox"/> Private-Nonprofit	Will a current and complete record of progress/ability of each trainee be maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Wage/Salary for Employees Already Trained for this Job	Will a Certificate of Completion be issued at the conclusion of the program? <input type="checkbox"/> No <input type="checkbox"/> Yes - attach example
Is there reasonable assurance there will be a job available for the trainee, in the field in which he/she is being trained with your firm, upon completion of the training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wages need to be paid by set salary, not by commission. Do you agree that the wages paid the trainees upon entrance into training • Will not be less than wages paid non-veterans in the same training position; and will be at least 50 percent of the wages paid for the job for which trainee is to be trained; and • 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 percent of the wages paid for the job for which the trainee is being trained <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATE

Name of Representative	Title
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As stated above, I certify that I (as named above) am the representative (titled as noted) of the firm named as the applicant herein; that said application was duly signed for and on behalf of said firm by authority of its governing board or owners and is within the scope of its corporate powers.

My signature herein indicates that:

1. The firm's training facilities and records relating to the On-The-Job Training Program will be readily open to inspection by authorized representatives of the North Dakota State Approving Agency and the Veterans Administration.
2. I will report to the North Dakota State Approving Agency any significant changes in the information submitted.
3. Records of monthly training hours and alary payments will be maintained at this location until three years after the trainee has completed training.
4. The foregoing is true and correct.

Signature	Date
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Return application/direct questions to:

4201 38th St SW, Suite 206
Fargo, ND 58106-9003

Phone: 701-298-4667
Toll Free: 1-866-634-8387
Fax: 701-239-7166

To be Completed by the State Approving Agency

The above application is hereby approved to be effective as of the date signed below, under the provisions of the Veteran's Readjustment Benefit Acts of 1966 and 1967, Ch. 30, 33, and 35, Title 38, and Ch. 1606, Title 10, U.S. Code (Public Law 89-358 and Public Law 90-77)

Signature	Effective Date
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