



**OJT TRAINEE ENROLLMENT FORM**

SC File Number \_\_\_\_\_ Project County \_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

Trainee Name \_\_\_\_\_

Home Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Status:  New Hire  Upgrade Previous Classification (If Upgrade) \_\_\_\_\_

Disadvantaged (by SCDOT Definition):  Yes  No Gender:  Male  Female

Race:  White  Black  Hispanic  Native American  Pacific Islander  Asian  Other

Employer \_\_\_\_\_

Company Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Company Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Training Classification \_\_\_\_\_ Hours Required \_\_\_\_\_

Instructor \_\_\_\_\_ Date Training to Start \_\_\_\_\_

This is to certify that, to the best of my knowledge, I have never graduated from a training program in this classification nor have I been listed as a journeyman in this classification on any contractor's payroll. Also, I have never been presented with a copy of the training outline showing the hours required and the applied techniques necessary to complete the training for this classification. \_\_\_\_\_ (Applicant initials)

**THIS IS AN EQUAL OPPORTUNITY PROGRAM**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
RoadWise Representative

\_\_\_\_\_  
Date