Texas Department of Transportation

STATE ON-THE-JOB TRAINING PROGRAM ENROLLMENT FORM

American Recovery and Reinvestment Act

TRAINEE INFORMATION			
Last Name:	First Name:	MI:	SSN (last 4 digits)
Address:			
City:	State:	ZIP Code:	Phone:
Gender:	◯ Male	◯ Female	
Ethnicity:	☐ Hispanic ☐ Black (Not of Hispanic Origin) ☐ White (Not of Hispanic Origin) ☐ American Indian or Alaskan Native	☐ Asian or Pacific Islander ☐ Other If Other, please specify: _____	
Is trainee a new hire?	◯ Yes	◯ No	
If No, what is current job classification?:			

PROJECT INFORMATION		
ARRA Project CSJ:	Area Engineer:	District:
Proposed trainee job classification:		Planned training start date:
CSJ where trainee will start:	Area Engineer:	District:

CONTRACTOR INFORMATION	
Contractor:	
Contact Person:	Phone:
Address:	City, State, ZIP:
E-mail Address:	

Trainee Signature

Contractor Representative Signature

Print Name

Print Name

Contact / Help

Privacy Statement

Print Form

Submit this form to the Area Engineer on the ARRA CSJ prior to commencing training. A signed copy must be maintained in the project files. The Area Engineer will send this form to the Texas Department of Transportation Office of Civil Rights (OCR) at OCR_TxDOT-OJT-Program@dot.state.tx.us. Upon receipt of this form, OCR will furnish an enrollment confirmation letter to the Contractor, Area Engineer and District Director of Construction.

THIS IS AN EQUAL EMPLOYMENT OPPORTUNITY PROGRAM