



**DELAWARE COUNTY WORKFORCE INVESTMENT BOARD**

**DELAWARE COUNTY OFFICE OF WORKFORCE DEVELOPMENT**

**ON THE JOB TRAINING (OJT) MONITORING**

**OJT TRAINEE QUESTIONNAIRE**

*Delaware County Workforce Investment Board (Delaware County Office of Workforce Development) values your answers listed on the questionnaire below. This evaluation will help us in the quality improvement of the OJT program. Please see follow-up section below. Thank you.*

**Name of OJT Trainee (Optional):** \_\_\_\_\_

**Company:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE ANSWER BY PLACING AN "X"**

**YES NO**

**COMMENTS**

		YES	NO	COMMENTS
1.	Do you have a copy of your job description and OJT contract?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Does the contract match with the actual training?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are you working under safe working conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you have any concerns or questions pertaining to your training/job? (if yes see below)	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Who is your supervisor?			
6.	What are your working hours?			
7.	What is your pay rate?			
8.	How do you account for your time?			
9.	Are you having problems with your pay?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Were you told you would be hired after your OJT has been completed?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Are you aware of the grievance procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Do you have the proper tools, equipment, and supplies to perform your job?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Have you received an orientation prior to starting work?	<input type="checkbox"/>	<input type="checkbox"/>	



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Do you have any concerns or questions pertaining to your training/job? Explain below:

**Follow-Up**

Do you prefer that concerns or questions be discussed with the Local Workforce Investment Board (LWIB) staff or the LWIB monitor? Yes  No

Do you agree that the LWIB staff or the LWIB monitor discuss with your supervisor, any concerns or questions you may have? Yes  No

Do you prefer that you discuss any concern or question with your supervisor and not the LWIB staff or the LWIB monitor? Yes  No

I do not want to answer the OJT Questionnaire

**THANK YOU!**