



**DIVISION OF PUBLIC ASSISTANCE  
EMPLOYER APPLICATION  
Job Start/On the Job Training (OJT)**

**BUSINESS INFORMATION**

The following information is used to complete an accounting profile for your Job Start or OJT Agreement.

Federal Employer Identification Number (EIN): \_\_\_\_\_  
Business Type:  Corporation  Sole Proprietor  Limited Liability Corp.  Non-Profit  Other  
If other, please explain: \_\_\_\_\_  
Business Name (DBA): \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe your business and work opportunities available to learn within your organization.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Federal and State Employer Requirements**

Please check all that apply.

The Employer confirms that the business provides the following:

- Unemployment Insurance Contribution Account
- Alaska Business License
- Workers Compensations Coverage
- Comprehensive General Liability Coverage
- Commercial Automobile Liability Insurance (if the employee is required to drive a company vehicle)

The Employer agrees:

- To provide the employee the opportunity to earn a net wage at least equal to their Temporary Assistance benefit amount (Job Start).
- That the wage is comparable to the wage for other workers for a similar position and is at least equal to the Alaska Minimum wage.
- That leave and benefits provided conform to law and are equal to similar employees.
- To provide the employee with State Unemployment Insurance, FICA and any other fringe benefits required by law.
- To provide reasonable accommodation for any qualified disabled employee to assist in the essential job functions.
- That the position will not interrupt promotional lines for current employees, displace or lead to the dismissal of other employees, including partial displacement such as a reduction in workforce hours of non-overtime work, wages of employee benefits.

The Employer certifies:

- If the position is a Job Start, it will be a new position within the organization.
- There are no outstanding wage and hour claims.
- Previous worksite contracts were successful and no federal or state violations occurred.
- There will be no discrimination against any person because of race, color, national origin, religious creed, political belief, disability, or age within their organization.
- The position will not impair existing contracts for services or collective bargaining agreements.

I certify to the best of my knowledge the information I provided is true and accurate.

Employer Name (please print): \_\_\_\_\_  
Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_