Alaska Department of Health
Division of Public Assistance

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: _____