

MISSOURI DEPARTMENT OF TRANSPORTATION

TRAINEE NOTIFICATION

DATE		UNION	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TRAINEE NAME		STATUS	<input type="checkbox"/> Union	<input type="checkbox"/> Non-Union
HOME ADDRESS				
CITY/STATE/ZIP				
HOME PHONE		DATE OF BIRTH		
SOCIAL SECURITY NUMBER (last 4 digits only)		GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
DATE HIRED		VETERAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE TRAINING BEGAN		PROJECT NUMBER		
CRAFT				
PREVIOUS CONSTRUCTION EXPERIENCE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, CRAFT LENGTH OF TIME	
CONTRACTOR			<input type="checkbox"/> Prime	<input type="checkbox"/> Sub
NAME OF APPROVED TRAINING PROGRAM				
NUMBER OF HOURS REQUIRED BY TRAINING PROGRAM		NUMBER OF JOB SITE HOURS TRAINED TO DATE		
ETHNIC BACKGROUND				
<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC		
<input type="checkbox"/> ASIAN AMERICAN	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> OTHER DISADVANTAGED		
NAME OF TRAINEE'S DIRECT SUPERVISOR				
JOURNEY RATE		% OF PAY		ACTUAL RATE
CONTRACTOR ELECTRONIC SIGNATURE				
			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
EXTERNAL CIVIL RIGHTS SPECIALIST			DATE	

DISTRIBUTION: SUBMIT BY EMAIL AND CC YOUR PROJECT OFFICE CONTACT. ATTACH A COPY OF THE LETTER FROM THE TRAINING PROGRAM INDICATING THE TRAINEE'S STATUS IN THE ENROLLED PROGRAM. ALL TRAINEE NOTIFICATIONS MUST BE APPROVED BY ECR.