

MISSOURI DEPARTMENT OF TRANSPORTATION

TRAINEE CONTACT

A	TRAINEE NAME _____	SSN#(LAST 4 DIGITS) _____				
	HOME ADDRESS _____	CITY, STATE, ZIP _____				
	HOME PHONE _____	DATE OF CONTACT _____ CRAFT _____				
B	COUNTY _____	ROUTE _____				
	FEDERAL AID PROJECT _____	JOB NO. _____				
	PRIME CONTRACTOR _____	UNION <input type="checkbox"/> YES <input type="checkbox"/> NO				
	SUBCONTRACTOR (IF APPLICABLE) _____					
C	NUMBER OF TRAINING HOURS TO DATE _____	DATE HIRED _____				
	NUMBER OF CLASSROOM HOURS TO DATE _____					
	PREVIOUS EMPLOYER(S) _____	BASE RATE OF PAY (PER HOUR) _____				
	TELEPHONE NUMBER _____					
	PREVIOUS EMPLOYER(S) _____	BASE RATE OF PAY (PER HOUR) _____				
	TELEPHONE NUMBER _____	IF YES, WHICH CRAFT? _____				
	PREVIOUS CONSTRUCTION EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
D	INTERVIEW					
		YES	NO		YES	NO
	Satisfied with training?	<input type="checkbox"/>	<input type="checkbox"/>	Do you feel the training was effective?	<input type="checkbox"/>	<input type="checkbox"/>
	Satisfied with employer?	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to approach your supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
	Has the requirements of the trainee program been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>	Have you received a copy of the training program?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you feel you are working too much out of your classification?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been given the EEO policy?	<input type="checkbox"/>	<input type="checkbox"/>
	Were you informed who the EEO Officer of the company is?	<input type="checkbox"/>	<input type="checkbox"/>	Have you seen signs of discriminatory activity on the job site?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have adequate transportation?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have difficulty working with co-workers?	<input type="checkbox"/>	<input type="checkbox"/>
	Was the training too long, short or appropriate? _____					
	What areas of the program would you recommend making more effective? _____					
Comments _____						

SIGNATURE OF TRAINEE

DATE

ELECTRONIC SIGNATURE AND DATE OF MoDOT REPRESENTATIVE

DISTRIBUTION: SUBMIT BY EMAIL TO YOUR PROJECT OFFICE CONTACT. PROJECT OFFICE - DISTRIBUTE ELECTRONICALLY TO ECR AND CONTRACT FILE