



# AGC of TEXAS

## On-the-Job Training Program Enrollment Form

### TRAINEE INFORMATION

Last Name:	First Name:	Middle Initial:	SSN (Last 4 Digits):
Address:		City, State & Zip:	Phone Number:
Gender:	Race/Ethnicity:	New Hire/Upgrade:	
If Upgrade, Current Job Classification:		Current Wage:	

### TRAINING INFORMATION

Proposed Training Classification:		
Max Hours:	Training Start Wage:	Training Start Date:
Additional Notes (If Needed):		

### CONTRACTOR INFORMATION

Contractor:	
Contractor Representative:	Phone:
Address:	City, State & Zip:
Email:	

Trainee Signature

Contractor Representative Signature

Print Name

Print Name

Please submit the completed form at least seven (7) days prior to intent to train to [ojt@agctx.org](mailto:ojt@agctx.org). Upon approval, AGC will furnish an enrollment confirmation letter to the contractor and a copy of the OJT Program Manual (Orange Book) to the approved trainee. THIS IS AN EQUAL OPPORTUNITY PROGRAM.