



Prime Contractor		Region		WSDOT Contract Number	
Subcontractor (If trainee is not employed by prime contractor)				Federal Aid Project Number	
Trainee			Job Classification of Trainee/Apprentice		
Address				Telephone	
Last Four Digits of SSN		Employee Status <input type="checkbox"/> New Hire <input type="checkbox"/> Upgrade		Hours to be Trained This Project	Trainee Start Date
Wage Rate	Union Local		Length of Apprent.	Immediate Supervisor	
Ethnic Group <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

1. No. of years you have been an Apprentice/Trainee: _____ No. of Apprentice/Trainee hours you have accumulated: _____		
2. Describe training provided for the current project.		
3. Are you receiving beneficial training on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there areas that need improving? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Describe.		
4. Have you encountered problems on the job site (i.e., sexual harassment, racial discrimination, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Describe.		
5. Are you aware of the company's Affirmative Action, Safety, or EEO meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No How often do you attend these meetings? _____		
6. Have you received a copy of the EEO Policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Are there any areas in which you need assistance? <input type="checkbox"/> Counseling <input type="checkbox"/> Mediation <input type="checkbox"/> Math Tutoring If so, please contact the OJT Supportive Services Program: at 360-704-6314		
Interviewer	Title	Date
Comments		