

ON-THE-JOB TRAINING (OJT) PROGRAM**APPLICATION FORM**

NAME: _____ DATE: _____

TELEPHONE/CELLPHONE NO.: _____

COURSE: _____

SCHOOL: _____

TOTAL NUMBER OF TRAINING HOURS REQUIRED: _____

SKILLS: _____

APPLICATION REQUIREMENTS SUBMITTED

	YES	NO
School Endorsement	<input type="checkbox"/>	<input type="checkbox"/>
Resumé with picture	<input type="checkbox"/>	<input type="checkbox"/>

ACTIONS/REQUIREMENTS**DATE/EFFECTIVITY**

REFERRED TO: _____

- ☐ Accepted
- ☐ Not Accepted

WORK PLAN SUBMITTED: _____

PERFORMANCE EVALUATION SUBMITTED: _____

OFFICIAL TIME: _____

PERIOD OF TRAINING: _____

CERTIFICATE OF COMPLETION ISSUED: _____
