

Name of Establishment: _____
 Address: _____
 City: _____ County: _____ Zip: _____ Phone No.: _____

A. Name of Veteran: _____ Phone No.: _____
 Address: _____ City: _____ Zip: _____
 Social Security Number: _____ VA Claim Number: _____

B. List the date that the veteran began training for this employer in the job title listed in item B-1 below.

month date year

C. Has the veteran had previous training in the subject job title? (Circle one): yes no
 1. If yes, how much credit is allowed? _____ hours/weeks/months/years

A. Certification and Agreement:

1. Witnessed that the EMPLOYER and the TRAINEE desire to enter into an agreement of Other On-the-Job Training with the understanding that the EMPLOYER agrees to employ and train the VETERAN in the occupation indicated by the job title listed and the TRAINEE agrees to diligently and faithfully perform the work of said occupation in conformity with the agreement listed on the State Approving Agency's form entitled "EMPLOYER'S APPLICATION" (SAA-1) and signed by the certifying official of the above named establishment.
2. The employer agrees to inform the trainee of all requirements stated on the "EMPLOYER'S APPLICATION" (SAA-1).

B. Training Program which the veteran is to be enrolled. (This information should coincide with that which is listed on the "EMPLOYER'S APPLICATION" (SAA-1).

1. Job Title: _____ D.O.T. Code: _____
2. Scheduled length of training: _____ (hours/weeks/months/years or when conclusion wage of _____ per _____ is reached. (Whichever is earlier?))

C. Signature of Employer/Authorized Official: _____
 Note: Signature should be same as signature on "EMPLOYER'S APPLICATION" (SAA-1)

D. Signature of Veteran: _____ Date: _____

A. Distribute four (4) copies of this agreement as follow:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. State Approving Agency
77 South High Street, 7th Floor
Columbus, Ohio 43215 2. Employer retain one copy | <ol style="list-style-type: none"> 3. Veteran retain one copy 4. St. Louis VA Regional Office
P.O. Box 66830
St. Louis, MO 63166-6830 |
|--|---|

NOTE: The enrollment certificate should be mailed to the Veterans Administration with a copy of this training agreement.