

Nebraska Department of Roads

Request for Trainee Approval

Contractor must complete one form for each trainee and submit to: Mary Hutson, Highway Civil Rights Specialist, 1500 Highway 2, Lincoln, NE 68509-4759

Contractor:		Date:
Project Number/Name:		
Site Location:		
Superintendent:		Telephone:
Training Program Utilized:		
Status: UNION APPRENTICE <input type="checkbox"/> NON-UNION TRAINEE <input type="checkbox"/>		
Trainee's Name:		
Trainee's Social Security Number:		
Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		Disability: YES <input type="checkbox"/> NO <input type="checkbox"/>
Veteran: YES <input type="checkbox"/> NO <input type="checkbox"/>		Had Previous Training: *YES* <input type="checkbox"/> NO <input type="checkbox"/> <small>(*If "YES" explain below.)</small>
*If Trainee had previous training identify when, job trained for and number of hours. _____ _____		
Race/Ethnicity: BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
NEW HIRE <input type="checkbox"/> UPGRADE <input type="checkbox"/>		Job Being Trained for:
Date Hired:		Hours to Train:
Trainee's Direct Supervisor:		
Davis-Bacon Wage:		Trainee's Wage:
Contractor Representative's Signature: _____		
External EEO: APPROVED <input type="checkbox"/> *DISAPPROVED* <input type="checkbox"/>		
Compliance Officer's Signature: _____		

*** If disapproved, provide explanation on back side of form.**