## MISSOURI DEPARTMENT OF TRANSPORTATION WORKFORCE PILOT PROGRAM EMPLOYEE NOTIFICATION

| DATE   |                                   |                 |      | UNION           | ☐ Yes                              |  | No            |
|--|-----------------------------------|-----------------|------|-----------------|------------------------------------|--|---------------|
| EMPLOYEE NAME  |                                   |                 |      | STATUS          | Trainee                            |  | Journeyperson |
| HOME ADDRESS   |                                   |                 |      |                 |                                    |  |               |
| CITY/STATE/ZIP   |                                   |                 |      |                 |                                    |  |               |
| HOME PHONE   |                                   |                 |      | DATE OF BIRTH   |                                    |  |               |
| SOCIAL SECURITY NUMBER (LAST FOUR)   |                                   |                 |      | GENDER          | ☐ Male                             |  | Female        |
| DATE HIRED BY COMPANY  |                                   |                 |      | VETERAN         | ☐ Male                             |  | Female        |
| DATE STARTED ON PROJECT  |                                   |                 |      | PROJECT NUMBER  |                                    |  |               |
| CRAFT  |                                   |                 |      |                 |                                    |  |               |
| PREVIOUS CONSTRUCTION EXPERIENCE?  |                                   | Yes             | ☐ No |                 | IF YES, CRAFT<br>LENGTH OF<br>TIME |  |               |
| CONTRACTOR   |                                   |                 |      |                 | Prime                              |  | Sub           |
| ETHNIC BACKGROUND  |                                   |                 |      |                 |                                    |  |               |
| ☐ NATIVE AMERICAN  |                                   | AFRICAN AMERICA | ιN   | ☐ HISPA         | NIC                                |  |               |
| ASIAN AMERICAN   | ☐ CAUCASIAN ☐ OTHER DISADVANTAGED |                 |      |                 |                                    |  |               |
|  |                                   |                 |      |                 |                                    |  |               |
| NAME OF EMPLOYEE'S DIRECT SUPERVISO  | R                                 |                 |      |                 |                                    |  |               |
| JOURNEY RATE   |                                   | FRINGE          |      |                 | ACTUAL<br>RATE                     |  |               |
|  |                                   |                 |      |                 |                                    |  |               |
| CONTRACTOR ELECTRONIC SIGNATURE  |                                   |                 |      |                 |                                    |  |               |
|  |                                   |                 |      | Approved Denied |                                    |  |               |
| , CIVIL RIGHTS SPECIALIST  |                                   |                 |      |                 |                                    |  |               |
| DISTRIBUTION: SUBMIT BY EMAIL AND CC YOUR PROJECT OFFICE CONTACT. ATTACH NEW EMPLOYEE DOCUMENTATION. NEW EMPLOYEES MUST HAVE BEEN HIRED WITHIN THE LAST 90 DAYS. ALL NEW HIRE NOTIFICATIONS MUST BE APPROVED BY ECR. |                                   |                 |      |                 |                                    |  |               |