

# **APPENDIX K**

## **SAMPLE CONFIDENTIAL TRAINEE ORIENTATION QUESTIONS**

**Bureau of Equal Opportunity**  
**“Statewide On-The-Job (OJT) Training Trainee Supportive Services”**  
**CONFIDENTIAL TRAINEE ORIENTATION QUESTIONS**

**Trainee:** \_\_\_\_\_

**Classification:** \_\_\_\_\_

**Training Provider (Contractor):** \_\_\_\_\_

**ECMS:** \_\_\_\_\_ **State Route/Section Number:** \_\_\_\_\_ **District:** \_\_\_\_\_

*(Interviewer reads to the Trainee :)* **“The purpose of this interview is to assist you and to enhance your on the job training experience, in an effort to ensure your successful completion of training. If at any time you have questions or concerns, please call BEO, contract Compliance Division immediately @ 1-800-468-4201 (or 717 787-5891) at 1-800-468-4201 and ask to speak with the OJT Program Administrator or the Contract Compliance Division Chief. No question is unimportant; all questions will receive a quick response. Your input is important to the success of your training.”**

**Points of Discussion**

- |  |   |
|--|---|
| 1. Introduction (Who you are & what you do). | 6. Random drug testing.                       |
| 2. Copy of contractor’s work rules.          | 7. Having a positive attitude.                |
| 3. Being on time for work.                   | 8. Saving money for the winter layoff period. |
| 4. Reporting off from work.                  | 9. Seasonal restrictions in construction.     |
| 5. Adequate and reliable transportation.     | 10. Project Bulletin Board Postings.          |

**Orientation Questions**

(To Be Used for Initial Interview Only)

1. How long have you worked in the Heavy & Highway construction industry?  
\_\_\_\_\_
  
2. Are you a member of a union? \_\_\_\_\_ Yes \_\_\_\_\_ No Union: \_\_\_\_\_
  - (a) How long have you been a member? \_\_\_\_\_
  - (b) How are your union dues paid?
    - i. Deducted from check \_\_\_\_\_
    - ii. Paid by you \_\_\_\_\_
  - (c) Who is the Union Steward/Business Agent on this project? \_\_\_\_\_
  
3. Have you ever worked for this contractor before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, in what position? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did the training provider supply you with a Company Orientation package? (work Policies)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Was the Contractor's EEO Policy explained to you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you aware of the Contractor's EEO Officer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(a) Name of the EEO Officer \_\_\_\_\_

7. Are you aware of the Contractor's Avenues of Appeals? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(a) Is it posted on the contractor's bulletin board? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Since being enrolled for training on this project have you been transferred to any other projects for a work assignment? *(This is being asked because the hours of training completed on a different project cannot be credited to completing the training you were enrolled to complete on this project.)*  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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9. a. Does this firm require a pre-employment physical that includes a drug test?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

b. Was this policy explained to you?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Does random drug testing occur? \_\_\_\_\_ Yes \_\_\_\_\_ No  
a. Was the company's random drug testing policy explained to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Were you required to take a written test for employment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

12. Have you ever been a trainee on any other PennDOT project?

Date \_\_\_\_\_ Classification \_\_\_\_\_ Contractor \_\_\_\_\_

13. **a.) Question for Non-Union Trainees:** Did you receive a copy of your PennDOT Approved Training Program Outline prior to the start of your training?

\_\_\_\_\_ Yes \_\_\_\_\_ No

By whom; Name/Title \_\_\_\_\_

**b.) Question for Apprentices:** Did you receive a copy of the union's apprenticeship training program outline prior to the start of your training?

\_\_\_\_\_ Yes \_\_\_\_\_ No

By whom; Name/Title \_\_\_\_\_

14. To your knowledge are you receiving an accurate wage rate for your position? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

15. Are you keeping track of the hours of training you have completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(If No, Interviewer reads :) It is a good practice to maintain, on a monthly basis, a log of the training hours you have completed. That information will be useful for verifying the accuracy of the training hours completed to date that are identified on the monthly report form (EO-365) completed by the contractor.*

**Other Comments/Concerns:**

**Trainee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interviewer** \_\_\_\_\_ **Date** \_\_\_\_\_

**ECMS # & State Route #** \_\_\_\_\_ **District** \_\_\_\_\_