



KENTUCKY TRANSPORTATION CABINET
 Department of Highways
DIVISION OF CONSTRUCTION PROCUREMENT

TC 14-310
 Rev. 07/2016
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NOTICE OF SELECTION OF TRAINEE AND TRAINEE WORK HISTORY

NAME (<i>contractor</i>)	COUNTY	FED/STATE PROJECT #	CONTRACT ID
NAME (<i>trainee</i>)		SSN (<i>last four digits</i>)	PHONE
ADDRESS (<i>trainee's street</i>)			
CITY		STATE	ZIP
CLASSIFICATION		WAGE (<i>per hour</i>)	

ETHNIC GROUP (*Check one.*)

American Indian or Alaskan Native

Asian or Pacific Islander

Black

Hispanic

Other: _____

GENDER (*Check one.*)

Male

Female

REFERRAL SOURCE

WORK HISTORY (*List all work experience related to construction work.*)

NOTE: This report must be filed and approved prior to trainee commencing work.
 Return completed form to: Division of Construction Procurement, 3rd Floor West, 200 Mero Street, Frankfort, KY 40622

FOR TRANSPORTATION CABINET USE ONLY

BY (*Division of Construction Procurement*) **DATE**

Approved

NOTE: You must submit the "Weekly Training Report" on the TC 14-311 form each week with your weekly payroll attached reporting the hours worked on the project in accordance with the individuals "classification" training.