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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NAME** (*contractor*) | | **COUNTY** | **FED/STATE PROJECT #** | **CONTRACT ID** | | **NAME** (*trainee*) | | | **SSN** (*last four digits*) | **PHONE** | | **ADDRESS** (trainee’s *street*) | | | |  | | **CITY** | | | **STATE** | **ZIP** | | **CLASSIFICATION** | | | **WAGE** (*per hour*) |  | | **ETHNIC GROUP** (*Check one.*) | | | | | |  | American Indian or Alaskan Native | | | | |  | Asian or Pacific Islander  Black | | | | |  | Hispanic  Other: | | | | | **GENDER** (C*heck 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** | | | | | |  | **Approved** | **BY** (*Division of Construction Procurement*) | | **DATE** | | **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. | | | | | |