



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 (<i>Check one.</i>)			
<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Asian or Pacific Islander			
<input type="checkbox"/> Black			
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Other: _____			
GENDER (<i>Check one.</i>)			
<input type="checkbox"/> Male			
<input type="checkbox"/> Female			
REFERRAL SOURCE			
WORK HISTORY (<i>List all work experience related to construction work.</i>)			
NOTE: This report must be filed and approved prior to trainee commencing work. Return completed form to: Division of Construction Procurement, 3 rd Floor West, 200 Mero Street, Frankfort, KY 40622			
FOR TRANSPORTATION CABINET USE ONLY			
<input type="checkbox"/> Approved		BY (<i>Division of Construction Procurement</i>)	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.			