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Trainee Spreadsheet

Company Name: _____

#	First Name	Last Name	SSN	DOB mm/dd/yyyy	Gender	US Citizen (Y or N)	Email	Phone	City	State	Zip	Employment Start Date	Employed by Company Y or N	Wage Prior to Training	Wages or Bonus for completing Training
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															