

With your application you must submit:
GED/HS Diploma
Transcript showing passing of 1 year of HS algebra
Proof of age(DL)

NO PHOTO'S... PDF ATTACHMENTS ONLY

Only one submission of documents will be accepted. Your application and supporting documents must be submitted at one time ALL PAPERWORK SUBMITTED WILL RECEIVE A REPLY.(Please do not call office to see if we received)

RANKED LIST AVAILABLE ON WEBSITE WEDNESDAY, JULY 6.

Did you remember to submit:

Documented work experience with:

- Area I Plumbing Training Agent
- Registered Training Agent Plumbing Contractor
- Plumbing Contractor non Training Agent
- Construction related experience
- Industry related experience (suppliers):
- Work Experience not related to construction

Miscellaneous

Military Experience
Letters of recommendation
Valid Driver's License
Pre-apprenticeship graduate

Education

Courses that require following written directions to complete projects
Current First Aid/CPR card
High school diploma
High school diploma with a 3.0 GPA or better
GED

**Further details are available on the opening announcement.
For questions please refer to Frequently Asked Questions(bottom of the opening page).
Any additional questions please call.**

THIS FORM IS VOLUNTARY

Oregon Bureau of Labor and Industries, Apprenticeship and Training Division INVITATION TO SELF-IDENTIFY AS AN INDIVIDUAL WITH A DISABILITY

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the Oregon Registered Apprenticeship System that is regulated by the Oregon Bureau of Labor and Industries, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities¹. To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

NOTICE

Applicants:	Self-disclosure <u>is not</u> an invitation for the apprenticeship program to follow-up with you.
Apprentices:	Self-disclosure <u>is not</u> a request for accommodation nor is it an invitation for the apprenticeship program to follow-up with you.
Program Staff:	This form is for utilization analysis. It may not be used to follow-up with applicants or apprentices unless an explicit request for accommodation is made.

If you are an individual with a disability and need an accommodation, please contact the program administrator for the procedures to make a formal request.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Signature: _____ Date: _____

Printed Name _____

¹ Oregon Plan for Equal Employment Opportunity in Apprenticeship, OAR 839-011-0200. For more information about this form or the equal employment obligations of Oregon's apprenticeship programs, visit the Oregon Bureau of Labor and Industries website at https://www.oregon.gov/boli/apprenticeship/pages/default.aspx	Apprenticeship Programs Must Complete this Section	
	Apprenticeship Agreement Number:	
	Occupational Standard:	
	Symbol.Suffix	

Names will be posted on the website on Wednesday July 6, 2022

Area I Plumbers' JATC
15800 SW Boones Ferry Rd.
Suite B-3
Lake Oswego, OR 97035
apprenticeship@areaonejatc.com

Phone 503.675.0548 www.areaonejatc.com

PLACEMENT AND REMOVAL OF APPLICANTS FROM A POOL OF ELIGIBLES

1. Applicants who have been placed in a pool of eligibles shall be retained on list of eligibles for selection for **two** years from date of application.
2. Applicants may be removed from the list at an earlier date by their request; or
3. Failure to respond to an apprentice job opportunity referral by the apprenticeship office.
4. Applicants who have been accepted in the pool of eligibles shall have 24 hours to respond to a job referral.
5. Applicants who fail to respond to or refuse two job opportunities shall be requested to attend the next JATC meeting to explain why they should not be removed from the list. Failure to appear will result in removal from the list.
6. Applicants will be removed from the list if address, email address and phone number are not kept current with apprenticeship office.
7. **When the list is six months old, each applicant will be emailed a letter asking if they wish to remain on the list or be removed. Those who do not respond will be removed from the list.**
8. All applicants shall be treated equally in determining job opportunities.
9. Any applicant removed from the applicant list must wait for the program to open to reapply and place their name back on the list.

Area I Plumbers JATC shall not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older. Area I Plumbers shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under this Plan and Title 29 CFR, part 30.

RIGHT TO EQUAL OPPORTUNITY

It is against the law for a Sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex, sexual orientation, age (18 years or older), genetic information, or disability. The Sponsor must ensure equal opportunity regarding all terms, conditions, and privileges associated with apprenticeship. If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with Oregon Bureau of Labor and Industries, 800 NE Oregon Street, Suite 1045, Portland, OR 97232. You may also be able to file complaints directly with the EEOC, or State fair employment practices agency at the above location.

Each complaint filed must be made in writing and include the following information: (a) Complainant's name, address and telephone number, or other means for contacting the complainant.

(a) Complainant's name, address and telephone number, or other means for contacting the complainant.

(b) The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination);

(c) A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex, sexual orientation, national origin, age (18 or older), genetic information, or disability);

(d) The complainant's signature or the signature of the complainant's authorized representative.