



Area I Plumbers
15800 SW Boones Ferry Rd. STE B-3
Lake Oswego, OR 97035
503-675-0548
apprenticeship@areaonejatc.com

APPRENTICESHIP APPLICATION

Complete All Sections

Log #

Area I Plumbers JATC, MA 1038				Position: Plumber Apprentice Applicant	
APPLICANT Last Name (please print clearly)			First Name		MI
Mailing Address				Phone – Area Code & Number	
City		State	ZIP		Date of Birth
Email:			County		
Gender	Race	Hispanic/Latinx	Military Service	Education	Disability
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Reserves <input type="checkbox"/> Guard	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Trade School Certificate <input type="checkbox"/> College Diploma Highest grade completed: HS: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to disclose
Note: This information is collected for informational purposes only. It is unlawful for a program or employer to 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.					

Work Experience: May submit resume with detailed work history

Company Name	Nature of Work	From: Mo/Yr	To: Mo/Yr	#of Months
Current Employer				

Applicant Signature	Date
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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 _____