

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 _____