Oregon Bureau of Labor and Industries

Apprenticeship and Training Division

APPRENTICESHIP REGISTRATION

COMPLETE ALL SECTIONS

Log #
Exception #
MA #
Initial License #
Symbol/Suffix
Agreement #

NOTICE: The Apprenticeship and Training Council requires apprentices to provide their social security number (SSN) for purposes of identification only. Refusal to disclose the SSN may result in the denial of rights, benefits and privileges. [5 USC §552a, ORS 660.060(8) and OAR 839-11-088(1)(b)(1)]

COMMITTEE NAME: _____

OCCUPATION as listed in Standards: _____

Applicant's Last Name	First	MI	Social Security Number
Mailing Address			Phone – Area Code & Number
City	State	ZIP	County

This information is requested to ensure equal employment opportunity and compliance.

GENDER		RACE/ETHNICITY					BIRTH DATE	VET STATUS	
Male	Female	WH	BL	AI	AS	HI		Vet	Reserve

Military Service	Discharge Date	Length of Service

EDUCATION

Select highest grade completed in each category.	High School 9	10	11	12	Diploma	Trade School 1	2	3	4	College 1	2	3	4	Diploma	GED
					No									No	No

PERFORMANCE REPORTING INFORMATION SYSTEM (PRISM)

CONSENT TO DISCLOSE SOCIAL SECURITY NUMBER FOR USE IN THE PERFORMANCE REPORTING INFORMATION SYSTEM (PRISM)

ORS 657.734 and OAR 839-11-0088(1)(b)(2) authorizes the Bureau of Labor and Industries' Apprenticeship and Training Division to allow you to voluntarily participate in PRISM. Failure to participate will not be used as a basis to deny you any right, benefit or privilege provided by law. If you consent to participate in PRISM, your social security number will only be used only in the following manner. The Performance Reporting Information System will collect client and workforce related information from the participating agencies (including this agency), analyze that information and provide the participating agencies and other state agencies and officials with statistical data, including education, training and other services provided to clients and the resulting client outcomes, in order to aid the agencies' program planning for providing services to Oregon's citizens. PRISM I will release only aggregate statistical information, without any personal identifiers, such as name or social security number. Furthermore, the data produced by PRISM will not be used by any participating agency, or any other state agency or official, to make any decision or take any action directly affecting any individual, including you.

YES, _____ I consent to disclose my social security number and related records for use in PRISM as described above.

NO, _____ I DO NOT consent to disclose my social security number and related records for use in PRISM as described above.

_____ Signature

_____ Date

BOLI/ATD

800 NE Oregon #1045
Portland OR 97232-2180

Call 971-673-0760 Fax 971-673-0768

OREGON STATE APPRENTICESHIP AND TRAINING COUNCIL REGISTRATION AGREEMENT

Apprentice Name	Committee Name
Agreement Number	Committee Address

This Agreement Revokes and Supersedes Any and All Previous
Agreements and Is Subject to the Terms and Provisions Below

THE EMPLOYER, or the Employer's Agent, and the apprentice agree to be bound by any changes, modifications, deletions or amendments to the apprenticeship standards duly promulgated by the Oregon State Apprenticeship and Training Council.

THE EMPLOYER, or Employer' Agent, agrees to employ and diligently and faithfully train the apprentice, in accordance with the terms and conditions of the Apprenticeship Agreement and Apprenticeship Standards. The Employer, or Employer's Agent, certifies that they have such an apprentice job in their establishment and, except for practical eventualities preventing the same, will appoint the apprentice to journeyman upon satisfactory completion of training.

THE APPRENTICE agrees to perform the work of the trade or craft diligently and faithfully during the period of training, in accordance with the terms and conditions of the Apprenticeship Agreement, the Apprenticeship Standards and the rules and policies of the local committee.

THIS AGREEMENT must be registered by the State Apprenticeship and Training Council and after the probationary period, the State Apprenticeship and Training Council or the State Director of Apprenticeship and Training, under a procedure approved by the Council, may terminate the Apprenticeship Agreement. There is a probationary period during which the apprenticeship agreement may be terminated by either party upon written notice to the Apprenticeship Division, Bureau of Labor and Industries. If the employer is unable to fulfill the obligations under this agreement, the appropriate local committee may transfer this obligation to another appropriate employer, or to the local union of the trade, or to the local committee itself.

THE SERVICE of the Council and the Director may be used as a condition precedent to the right to sue in a court of proper jurisdiction regarding the settlement of differences arising out of the agreement where such differences cannot be adjusted locally, or in accordance with established industrial procedure, or in accordance with provisions of an applicable labor contract, Oregon Revised Statute 660.060.

WITNESSETH, that the Employer or Employer's Agent, the above apprentice, and the parent or guardian if a minor, hereby enter into the period of training in conformity with the Apprenticeship Standards for the named occupation which have been approved and registered by the State Apprenticeship and Training Council, and such standards, and any amendments thereto made during the period hereof, are hereby made a part of this agreement, with the same force and effect as though written herein, a copy of which shall be attached to the agreement. The apprentice authorizes the release of school records to the apprenticeship committee while in the apprenticeship program.

RECORD OF COMMITTEE ACTION

The apprentice is rated as starting the _____ period of apprenticeship on (date) _____

Term of Apprenticeship _____ hours with a probationary period of _____ hours, or one year, whichever is shorter

Credit for Prior Experience _____ Required annual related training _____ hours

SIGNATURES

Committee Chair, Secretary or Authorized Representative	**Committee Action Date**
Apprentice	Date
Parent/Guardian (if apprentice is under the age of 18)	Date

Registered by the Oregon State Apprenticeship and Training Council

Rev: 07/01/14