

Pre-Apprenticeship Training Provider Participant Agreement

Provider: Complete This Section
Log #
Provider PA #

Complete All Sections. Please Print Clearly

Agreement # (ATD use only)

Pre-Apprenticeship Training Provider Name:
Occupation [if applicable]:

Participant Last Name	First Name	MI
Mailing Address		Phone – Area Code & Number
City	State	ZIP
Email Address		Date of Birth

Gender	Race	Veteran status	Education	Disability
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Trade School Certificate <input type="checkbox"/> College Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State

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.

Voluntary Disclosure of your Social Security Number (SSN) and Performance Reporting Information System (PRISM)

NOTICE: OAR 839-011-0088 authorizes the Bureau of Labor and Industries' Apprenticeship and Training Division ("the Division") to request that you voluntarily provide your Social Security Number to this agency for use in Oregon's Performance Reporting Information System (PRISM) established under ORS 657.734. Failure to provide your SSN for this/these purpose(s) will not be used as a basis to deny you any right, benefit, or privilege provided by law. **You may choose to disclose your SSN by contacting the Apprenticeship and Training Division at 971-673-0760. Do not write your SSN on this form.** PRISM is administered by the Oregon Employment Department (OED) and is used to collect, analyze and share statistical and demographic data shared by the participating state agencies (including this agency) for the development and reporting of workforce system performance measures. If you provide your SSN and consent to this use, it will be used only for the purpose(s) described above and not given to the general public or system participants other than to the Division or OED, in its role as the system administrator. By signing this consent to disclose your SSN you authorize the Division to disclose your SSN to others if such disclosure is necessary for the purpose(s) stated above.

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.

Participant Signature	Date
Parent/Guardian Signature (if participant is under 18 years of age)	Date

OREGON STATE APPRENTICESHIP AND TRAINING COUNCIL REGISTRATION AGREEMENT

PARTICIPANT Name (please print clearly)	PROGRAM Name
Agreement Number [ATD use only]	PROGRAM Address

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

THE PROGRAM, agrees to diligently and faithfully train the participant, in accordance with the terms and conditions of the Participant Agreement and Program Curriculum. The Program certifies that they will make substantial efforts to appoint the participant to an apprenticeship program upon satisfactory completion of their training.

THE PARTICIPANT agrees to perform the work of the trade or craft diligently and faithfully during the period of training, in accordance with the terms of this Participant Agreement, the program's curriculum and the rules and policies of the program.

THIS AGREEMENT must be submitted to the Oregon State Apprenticeship and Training Council (OSATC) or the State Director of the Apprenticeship and Training Division. This agreement may be terminated pursuant to the program's procedure

SIGNATURES		DATE STAMP For BOLI-ATD internal use only
PROGRAM signature of Chair, Secretary or Authorized Representative	Committee Action Date	
PROGRAM signer's PRINTED name (please print clearly)		
PARTICIPANT Signature	Date	
PARENT/GUARDIAN Signature (if participant is less than 18 years of age)	Date	