Oregon Bureau of Labor and Industries – Apprenticeship and Training Division

Apprenticeship
Registration Agreement

Complete All Sections

Revised: 07-01-2022

COMMITTEE: Complete This Section
Log #
Exception #
MA #
Initial License #
Symbol/Suffix
Agreement # [ATD use only]

COMMITTEE NAME:

OCCUPATION as listed in Standards:	**HIGH SCHOOL AND SCHOOL DISTRICT** (Youth Apprentices Only)

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**	**Highest Grade Completed**
☐ Female ☐ Male ☐ Non Binary	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White	☐ Yes ☐ No	☐ Veteran ☐ Reserves ☐ Guard ☐ Not a Veteran Branch:	☐ GED ☐ High School Diploma ☐ Trade School Certificate ☐ College Diploma	☐ K – 6 ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ 1 yr. college ☐ 2 yr. college ☐ 3 yr. college ☐ 4+ yr. college

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, disability status, or a person 18 years old or older.

Performance Reporting Information System (PRISM)

ATD is required by law to include this Consent to Disclose Social Security Number for Use in the Performance Reporting Information System (PRISM). ATD does not collect Social Security Numbers. Providing a Social Security Number is voluntary and can be accomplished verbally by calling ATD. All Social Security Numbers given verbally will be encrypted in the ATD data system.

ORS 657.734 and OAR 839-11-0088(2) authorizes the Bureau of Labor and Industries' Apprenticeship and Training Division to request that you 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. PRISM 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

Applicant Signature	Date

OREGON STATE APPRENTICESHIP AND TRAINING COUNCIL REGISTRATION AGREEMENT

Apprentice Name (please print clearly)	Committee Name
Agreement Number [ATD use only]	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.

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 is		HOURS with a probationary period of		HOURS, or one year, whichever is shorter
Credit for Prior Experience is		HOURS. Required annual related training is		HOURS

SIGNATURES

COMMITTEE signature Chair, Secretary or Authorized Rep.	Committee Action Date	DATE STAMP: For BOLI-ATD internal use only
COMMITTEE signer's PRINTED name (please print clearly)		
APPRENTICE signature	Date	
PARENT/GUARDIAN (if apprentice is under 18 years of age)	Date	