Oregon Bureau of Labor and Industries – Apprenticeship and Training Division

Pre-Apprenticeship Participant Registration

Complete All Sections

Revised: 08-17-2021

PMA # [Program provides]
Registration # [ATD use only]

PRE-APPRENTICESHIP PROGRAM NAME:

OCCUPATIONAL TRAINING GOAL (what trade is program training for, if applicable):

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
☐ Female ☐ Male ☐ Non Binary	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White	☐ Yes ☐ No	☐ Veteran ☐ Reserves ☐ Guard	☐ GED ☐ High School Diploma ☐ Trade School Certificate ☐ College Diploma Highest grade completed: HS: ☐ 9 ☐ 10 ☐ 11 ☐ 12 College ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ Yes ☐ No ☐ 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.

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(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.

Participant Signature	Date

OREGON STATE APPRENTICESHIP AND TRAINING COUNCIL PRE- APPRENTICE REGISTRATION

Participant Name (please print clearly):	Program Name:
Registration Number [ATD use only]:	Training Start Date:

The Registration Agreement 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 procedures.

SIGNATURES	
Program Administrator/Coordinator	Date
Program Administrator/Coordinator PRINTED name (please print clearly)	
Participant signature	Date
PARENT/GUARDIAN (if participant is under 18 years of age)	Date

DATE STAMP: For BOLI-ATD internal use only

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