

Oregon Bureau of Labor and Industries  
Apprenticeship and Training Division

# APPRENTICESHIP REGISTRATION AGREEMENT

COMPLETE ALL SECTIONS

PLEASE PRINT

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)]

|              |      |
|--------------|------|
| Log #        |      |
| Exception #  |      |
| Official Use |      |
| MA #         | 1040 |
| DOT Code     | 0536 |
| DOT Suffix   | 000  |
| Agreement #  |      |

COMMITTEE NAME: METRO LIMITED MAINTENANCE ELECTRICIAN JATC

OCCUPATION as listed in Standards: STATIONARY ENGINEER

|                       |       |     |                            |
|-----------------------|-------|-----|----------------------------|
| 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 |        |
|--------|--------|
| Male   | Female |
|        |        |

| RACE/ETHNICITY |    |    |    |    |
|----------------|----|----|----|----|
| WH             | BL | AI | AS | HI |
|                |    |    |    |    |

| BIRTH DATE |
|------------|
|            |

| VET STATUS |     |     |
|------------|-----|-----|
| VET        | RES | NON |
|            |     |     |

|                  |                |                   |
|------------------|----------------|-------------------|
| Military Service | Discharge Date | Length of Service |
|------------------|----------------|-------------------|

| EDUCATION                                        |             |    |    |    |         |    |              |   |   |   |         |   |   |   |         |    |     |    |
|--------------------------------------------------|-------------|----|----|----|---------|----|--------------|---|---|---|---------|---|---|---|---------|----|-----|----|
| Circle highest grade completed in each category. | High School |    |    |    | Diploma |    | Trade School |   |   |   | College |   |   |   | Diploma |    | GED |    |
|                                                  | 9           | 10 | 11 | 12 | Yes     | No | 1            | 2 | 3 | 4 | 1       | 2 | 3 | 4 | Yes     | No | Yes | No |

## SHARED INFORMATION SYSTEM

### CONSENT TO DISCLOSE SOCIAL SECURITY NUMBER FOR USE IN THE SHARED INFORMATION SYSTEM

ORS 329.965 and OAR 839-11-088(1)(b)(2) authorizes the Bureau of Labor and Industries' Apprenticeship and Training Division to request that you voluntarily provide your social security number to this agency for use in the Shared Information System. Failure to provide your social security number will not be used as a basis to deny you any right, benefit or privilege provided by law. If you provide your social security number and consent to its use in the Shared Information System, it will be used only in the following manner. The Shared 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. The Shared Information System will release only aggregate statistical information, without any personal identifiers, such as name or social security number. Furthermore, the data produced by the Shared Information System 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 the Shared Information System as described above.

NO,  I do not consent to disclose my social security numbers and related records for use in the Shared Information System as described above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

|                                               |                                                    |                                            |                                                |
|-----------------------------------------------|----------------------------------------------------|--------------------------------------------|------------------------------------------------|
| Portland<br>800 NE Oregon #32<br>503-731-4200 | Eugene<br>1400 Executive Pkwy #200<br>541-686-7654 | Medford<br>700 E Main #105<br>541-776-6201 | Bend<br>2480 Twin Knolls Drive<br>541-322-2435 |
| 97232                                         | 97401                                              | 97504                                      | 97701                                          |

**OREGON STATE APPRENTICESHIP AND TRAINING COUNCIL REGISTRATION AGREEMENT**

**METRO LIMITED MAINTENANCE ELECTRICIAN JATC**

Apprentice Name

Committee Name

Agreement Number

**705 N Killingsworth, Cascade Campus - TEB 103, Portland, OR 97217**

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 8000 hours with a probationary period of 1000 hours

Credit for Prior Experience \_\_\_\_\_ Required annual related training 144 hours

Employer \_\_\_\_\_ Initial date of hire: \_\_\_\_\_ Avg. Journey Wage: \_\_\_\_\_

**SIGNATURES**

Committee Chair, Secretary or Authorized Representative

Committee ACTION Date

N/A  
Trade Representative

N/A  
Committee ACTION Date

Apprentice

Date

N/A  
Parent/Guardian (if apprentice is under the age of 18)

N/A  
Date