

Allied Health West JATC Apprenticeship Application
 Apprenticeship and Training Division, Oregon State Bureau Labor and Industries
990 S. 2ND STREET, COOS BAY OR 97420

During the Medical Assistant Apprenticeship initial contact, you will receive information about employer expectations regarding background checks and drug screening. You will be asked to provide documentation regarding minimum qualifications. Qualifying applications will then be reviewed and scored according to a point system for ranking. (See MA Apprenticeship flyer). Please complete this application and return it to Alane Jennings, Apprenticeship Coordinator. **For questions, contact Alane at ajennings@sowib.org**

Last Name, First Name, Middle Initial		Date of Birth (MM/DD/YYYY) Must be 18 yrs. old	
How did you hear about this opportunity?		Gender	Do you have a high school diploma, GED or HS certificate?
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
How may we contact you? (check all that apply)		Disability	
<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> US Mail <input type="checkbox"/> Text Messaging		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to disclose	
Physical Address <input type="checkbox"/> Check if same as Mailing Address			
Street Address			
City		State	Zip Code
Mailing Address (If different)			
Street Address			
City		State	Zip Code
Primary Phone Number <input type="checkbox"/> Check if Cell Phone		Primary Email Address	
Ethnicity		Race	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	
Legal to Work			
<input type="checkbox"/> Yes, United States Citizen		<input type="checkbox"/> Yes, Non-Citizen legal to Work	
		<input type="checkbox"/> Neither	
Veteran Status			
<input type="checkbox"/> No, I am not a veteran or spouse of veteran		<input type="checkbox"/> Yes, I am a veteran/spouse of veteran (Honorable Discharge, DD214)	
Have you completed any of the following certificates or degrees? (you will be asked to provide valid transcripts for ranking)			
<input type="checkbox"/> Basic Allied Healthcare Pathway Cert (17 cr) <input type="checkbox"/> Medical Clerical Certificate (49 cr) <input type="checkbox"/> Healthcare - Associate Degree (90 cr)			
Have you completed any of these courses in a High School Dual Credit Program or in College? (you will be asked to provide valid transcripts for ranking)			
<input type="checkbox"/> Introduction to Healthcare Careers <input type="checkbox"/> Medical Terminology I <input type="checkbox"/> Medical Terminology II <input type="checkbox"/> Body Structures and Functions I <input type="checkbox"/> Body Structures and Functions II <input type="checkbox"/> Medical Law and Ethics			
Minimum Qualification: High School Diploma or GED (you will be asked to provide copy of diploma or certificate)			
<input type="checkbox"/> High School Diploma		<input type="checkbox"/> GED	
		<input type="checkbox"/> Certificate HS Completion	
<input type="checkbox"/> Years of college or a technical or vocational school		<input type="checkbox"/> Associate's degree	
		1 2 3 (circle one)	
Do you have prior experience in a healthcare related field?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please see first question on next page)			

If Yes, please give name of employer and dates you worked in a healthcare related field:

Do you have other work experience?

Yes No

If Yes, please give name of employer and dates you worked:

Current Employer (If applicable)	Position	Hourly Wage	Hours Worked

Volunteer Experience (Unpaid/Not court-mandated) **Other Miscellaneous**

Was your volunteer experience in a Healthcare setting? If yes, number of hours completed:	Do you have a valid Class C Driver’s License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid CPR/First Aid Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment Characteristics

Please check which counties you are willing to travel to for work as an apprentice: Coos Curry Douglas
 Jackson/Josephine Lincoln/Linn/Benton Wallowa/Umatilla/Morrow/Union Multnomah/Clackamas/Washington
 Baker Harney Hood River/Wasco Grant Clatsop Humboldt/Del Norte CA

The following describes me currently:
 Underemployed - (your job does not provide the income necessary to support your household) Receiving Food Stamps/SNAP Benefits (within last 6 months) NONE APPLY

My signature below indicates that I certify the information on this application is true to the best of my knowledge.

Date **Participant Name (please print)** **Participant Signature**

This Area is for STAFF USE ONLY:

Meets Minimum Qualifications? Yes No Copies of Driver’s License? Yes No Copies of Diploma/GED? Yes No

Documentation verified for Application Points System

- Transcript (credential or classes completed, max 20) Points: _____
- Military DD214 (max 5) Points: _____
- Work Experience (max 20) Points: _____
- Currently employed with registered training agent (max 25) Points: _____
- Volunteer Experience in Healthcare (max 4) Points: _____
- Pre-Apprenticeship (max 5) Points: _____
- Other: CPR/First Aid Certificate (max 1) Points: _____

TOTAL POSSIBLE: 80 **Total: _____**

Allied Health West will not 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 40 years old or older. This is an equal opportunity program, and auxiliary aids and services are available upon request to individuals with disabilities.