



FOR OFFICE USE ONLY

BYE: _____

FO.: _____

Apprenticeship Training Questionnaire

Name:	Customer ID:
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Please complete this questionnaire about Apprenticeship Training

1. What is the name and telephone number of your apprenticeship training provider or union? *If you are not a member of a closed union, you may be required to conduct work seeking activities.	Local Number:
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2. What is the occupation related to this apprenticeship training: Construction Lineman

3. Have you submitted a copy of an approved and effective apprenticeship registration agreement? (If you have not, you must provide a copy with this form. Failure to provide a copy will result in a denial of benefits.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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4. What dates did you attend or participate in classroom training? From: (Month/Day/Year): _____ To: (Month/Day/Year): _____

5. What days of the week and times of the day did the classes take place? (e.g. M: 1-3pm) Days: _____ Time: _____
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6. Was attendance at this training required by your employer, union, or apprenticeship program in order to keep your job or remain an active member of the apprenticeship program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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7. Provide the title, name, and telephone number of the person who scheduled the training. Title: Mgr. Admin Operations Name: Claudia Repman Phone: 360.816.7106
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8. Did you or will you receive any type of payment in order to attend this training? If "Yes", how much did you or will you receive? \$: _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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9. After training, do you have a return to work date? If "Yes", what is the date you are returning? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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CERTIFICATION

I hereby certify that all statements I have made or completed on this form are true to the best of my knowledge. I realize that such answers are to be considered in determining my entitlement to unemployment insurance benefits. I understand the law provides penalties for false statements made for the purpose of obtaining unemployment benefits not otherwise due.

Name: _____ Date: _____

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance is available to persons with limited English proficiency at no cost.

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.