



780 CARTER DRIVE – HELENA, MT 59601 – PH (406) 443-3255 – FAX (406) 443-3813

***THIS TRAINING OPPORTUNITY IS FUNDED BY THE AMERICAN RECOVERY & REINVESTMENT ACT.
PLEASE TAKE A MINUTE TO COMPLETE ALL PAGES AND BRING THEM WITH YOU TO CLASS. FORM COMPLETION IS REQUIRED.***

ENROLLMENT FOR _____ CLASS | Begin Date _____ | End Date _____
Class Title

Name _____ Local # _____ UBC # _____ - _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Phone# _____ Cell/Message# _____ **ARE YOU A MONTANA RESIDENT** ___ Yes ___ No

By signing (where indicated), I acknowledge that the above information is correct. _____
Signature Date

PLEASE CIRCLE ALL THAT APPLY

Select your Current Employment Status: Employed Unemployed

I am taking this class to: Retain my Current Employment To Secure Work Skill Enhancement

___ Other (please explain) _____

As this training opportunity is funded by the AMERICAN RECOVERY & REINVESTMENT ACT, we are required to collect and report participant information to the Montana Electrical Joint Apprenticeship & Training Committee, who is the prime grant recipient & grant administrator for submittal to the Department of Labor and other governmental agencies, to demonstrate that this grant funding is results-oriented with a measurable ability to report and track the outcome for each participant.

I, (print name) _____ acknowledge that I have read and understand that the information on pages 1, 2 & 3 of this document is being collected and reported to the Montana Electrical Joint Apprenticeship & Training Committee, who is the prime grant recipient & grant administrator for submittal to the Department of Labor and other governmental agencies, in compliance with grant reporting requirements of the American Recovery & Reinvestment Act. I authorize disclosure of this information as described in the preceding paragraph, and I release the Montana Carpenters Joint Apprenticeship and Training Trust, and the Montana Joint Apprenticeship and Training Committee from any and all liability arising from disclosure of this information in compliance with grant reporting requirements.

Participants Signature

Date

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title IB of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title IB-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title IB-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think you have been subjected to discrimination under a WIA Title IB-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The State WIA Title I Equal Opportunity Officer
 Suzanne Ferguson, Montana Department of Labor and Industry
 P. O. Box 1728, Helena, Montana 59624
 e-mail address: sferguson@mt.gov
 (406) 444-1620 / TDD/TTY (406) 444-0532
 Fax: (406) 444-3037

OR YOU MAY CONTACT THE CIVIL RIGHTS CENTER BY WRITING

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the state, you must wait either until a written Notice of Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If you do not receive a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If you receive a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your complaint with CRC within 30 days of the date on which you received the Notice of Final Action.

I have read and understand the above policy

_____ **Print Name** of participant

_____ **Social Security Number (required)**

_____ **Signature** of participant

_____ **Date**

Alternate Format for Visual Impairment? Yes ___ No ___ N/A ___

DOLI is an Equal Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities



**EQUAL OPPORTUNITY IS THE LAW
SUPPLEMENTAL EEOC INFORMATION FORM**



Your Carpenter Union Number (UBC):

U -

THE MONTANA CARPENTERS JATC IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL STUDENTS. THE TRAINING OF APPRENTICES, JOURNEYMEN AND MASTERS SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER OR AGE. THE MONTANA CARPENTERS JATC DOES NOT, AND WILL NOT, DISCRIMINATE BECAUSE OF THE DISABILITY OF AN INDIVIDUAL.

The information you provide below is simply for the Equal Employment Opportunity Commission (EEOC) purposes. The information assists in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

<p>Race:</p> <p>American Indian or Alaska Native <input type="checkbox"/></p> <p>Asian or Pacific Islander <input type="checkbox"/></p> <p>Black <input type="checkbox"/></p> <p>White <input type="checkbox"/></p> <p>Disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Ethnic Group:</p> <p>Hispanic/Latino <input type="checkbox"/></p> <p>Not of Hispanic Origin <input type="checkbox"/></p> <p>Gender:</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>
<p>Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dates served: _____ to _____</p> <p>Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Highest Level of Education Completed (yrs) : Some High School <input type="checkbox"/> High School Grad <input type="checkbox"/></p> <p>GED <input type="checkbox"/> Vocational/Trade School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/></p> <p>Currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date of Birth: ____ / ____ / 19____</p>	
<p><i>WE THANK YOU FOR YOUR COOPERATION</i></p>	