

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?
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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: Name: Phone:

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 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 am certifying that my answers are true and accurate to the best of my knowledge. I am responsible for the answers I give. False answers may result in overpaid benefits, which I must pay back. If I provide information that I know is false or misleading, or if I withhold information, it is considered fraud and is punishable by law. I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.

☐ I AGREE TO THE ABOVE STATEMENT

Name:	Date:
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Need help? This information is vital. The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please go to unemployment.oregon.gov and click on Contact Us or call us at 877-345-3484. TTY users call 711.

¿Necesita ayuda? Esta información es vital. El Departamento de Empleo de Oregon (OED) es una agencia de igualdad de oportunidades. El OED proporciona ayuda gratuita para que usted pueda utilizar nuestros servicios. Algunos ejemplos son intérpretes de lengua de señas e idiomas hablados, materiales escritos en otros idiomas, letra grande, audio y otros formatos. Para obtener ayuda, vaya a unemployment.oregon.gov/es y haga clic en Contacto o llámenos al 877-345-3484. Usuarios de TTY pueden llamar al 711.