## **Request For Apprentice**

CONTRACTOR: Please complete & fax/send this Request For Apprentice to your apprenticeship committee. Ask them to complete the boxed portion below explaining their response to your request and fax/send to us at address below. /
(Apprenticeship Committee) (Contact/ Dispatcher) FAX To:\_\_\_ Fax Number: \_\_\_\_\_Number of Pages: \_\_\_\_\_ Request From: : \_\_\_\_\_/ (Registered Training Agent) Company Name: (Contact Person) Phone: \_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_ **Apprentice Request:** As a registered Training Agent, I am using this form to request referral of an apprentice for employment with my company in cooperation with the City Workforce Training & Hiring Program. I would like to continue to diversify my workforce. Therefore, please refer ethnic minorities and women for my consideration. Apprentice referral is needed by this date: \_\_\_\_\_\_Work Starts: \_\_\_\_\_ Job Site Location: \_\_\_\_\_\_Expected Length of Employment:\_\_\_\_\_ Bid # and Project Name: Owner:City of Portland Number of Apprentices: \_\_\_\_\_ Trade/Occupation: \_\_\_\_\_ Number of Apprentices: \_\_\_\_ Trade/Occupation: \_\_\_\_\_ Minimum qualifications (if different from apprenticeship standards): Gloves Hard-toed boots Other Safety needs: | Hard hat **Apprenticeship Committee Instructions:** Please complete and fax to City Workforce Program at: 503-865-3455

Contractor: Please FAX/Send to: City of Portland Workforce Training & Hiring Program

Name of Apprentice\_\_\_\_\_\_RaceA (Asian-American) GenderM Term

We were able to dispatch an apprentice to the project listed above.

We were unable to dispatch an apprentice to the project listed above because:

1120 SW 5th Ave. Rm 750, Portland, OR 97204 Phone: (503) 823-5047 / FAX: (503) 865-3455