



CONTACT INFORMATION

DATE OF APPLICATION INTAKE OCC STUDENT ID
FIRST NAME MIDDLE NAME LAST NAME
DATE OF BIRTH SOCIAL SECURITY NUMBER AGE AT REGISTRATION

DEMOGRAPHICS

SEX

- Male
Female
Prefer Not to Disclose

ETHNICITY

- American Indian / Alaska Native
Asian
Black / African American
Hispanic/Latino
Native Hawaiian / Other Pacific Islander
White
Prefer Not to Disclose

ELIGIBLE VETERAN STATUS

- Yes <= 180 Days
Yes, Eligible Veteran
Yes, Other Eligible Person
No

DISABILITY INFORMATION

- Yes
No
Prefer Not to Disclose

RESIDENCE INFORMATION

STREET ADDRESS
CITY STATE ZIP CODE
PHONE CELL PHONE EMAIL

PROGRAM CHARACTERISTICS

CURRENTLY ATTENDING HIGH SCHOOL

- Yes
If yes, where?
No

HIGHEST LEVEL OF EDUCATION

- 11th Grade or Less
Grade completed
High School Diploma
GED
Associate
Bachelor
Graduate
License/Certification
Other

Native Language (if other than English)

EMPLOYMENT STATUS

Employed	Long-Term Unemployed:	Yes, Unemployed >= 27 Consecutive Weeks	No
Employed, but Received Notice of Termination	Underemployed Worker:	Yes	No
Not in Labor Force	Low Income Status:	Yes	No
Unemployed	Ex-Offender Status:	Yes	No
	Recipient of Incumbent Worker Training:	Yes	No
	Dislocated Worker:	Yes	No
		H-1B Funded Grant	No
		Prefer Not to Disclose	Prefer Not to Disclose

TRANSPORTATION & AVAILABILITY

Do you have reliable transportation so that you can attend classes as scheduled? Yes No

Do you have reliable transportation to work if a company chooses to hire you as a result of this program? Yes No

Are you available for a full-time apprenticeship; or employment? Yes No

If so, when _____

CAREER INTEREST

Why do you want to participate in the program?

SELECT ANY GENERAL AREA OF SPECIALTY THAT MIGHT INTEREST YOU

Construction Management	HVAC/R	Welding
CAD Designer	Robotics and Automation	Heavy Equipment Repair
Machinist/CNC (Machine Repair/Maintenance)	Mechatronics	Tool and Die
Electrician	Automotive Service	Other _____
Electrical and Electronics	Automotive Paint and Collision	

HOW DID YOU HEAR ABOUT THE PROGRAM?

Social Media	Instructor	An OCC Student
College Webpage	Attended an Information Session	Other _____

ACKNOWLEDGEMENT

I attest the information I have provided above is to the best of my knowledge complete and accurate, and I hereby acknowledge that I have received and reviewed a copy of the College's EO policy, Veterans Priority and grievance procedure, understand these policies and have been informed of my rights related to these policies, have been given the opportunity to have my questions answered regarding these policies.

PARTICIPANT SIGNATURE

DATE

VOLUNTARY DISABILITY DISCLOSURE FORM

Please check one of the boxes below:

Yes, I have a disability (or previously had a disability)

No, I don't have a disability

I don't wish to answer

Name _____ Date _____

WHY ARE YOU BEING ASKED TO COMPLETE THIS FORM?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out.

If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way. If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

HOW DO I KNOW IF I HAVE A DISABILITY?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at doleta.gov/OA. APPRENTICESHIP: CLOSING THE SKILLS GAP Procedure Controls Manual - Last Updated: May 5, 2021

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