



Allied Health West JATC Apprenticeship Application

PO Box 415, Coos Bay OR 97420

During the Medical Assistant Apprenticeship initial contact, you will receive information about employer expectations regarding background checks and drug screening. You will be asked to provide documentation regarding minimum qualifications. Qualifying applications will then be reviewed and scored according to a point system for ranking. (See MA Apprenticeship flyer). Please complete this application and return it to Alane Jennings, Apprenticeship Coordinator.

For questions, contact Alane at ajennings@sowib.org

Candidate Information		
Full Name: _____		Date: _____
<i>First</i>	<i>Last</i>	<i>M.I.</i>

I reside in the city of: _____	I reside in the county of: _____	I work in the county of: _____
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Cell Phone: _____	Email: _____
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How may we contact you? *(check all that apply)*

Phone
 Email
 Text Message

How did you hear about this opportunity?

Have you completed any of the following credentials? *(You will be asked to provide valid transcripts for ranking)*

CNA/Phlebotomy Credential
 Healthcare - Associate Degree (90 credits)
 Medical Clerical Certificate (49 credits)
 EMT Credential

Have you completed any of these courses in High School Dual Credit Program or in college? *(You will be asked to provide valid transcripts for ranking)*

Introduction to Healthcare Careers
 Medical Terminology I
 Medical Terminology II
 Body Structures and Functions I
 Body Structures and Functions II
 Medical Law 7 Ethics

Minimum Qualification: High School Diploma or GED *(you will be asked to provide a diploma or certificate)*

High School Diploma
 GED
 Certification HS Completion
 Years of college or a technical or vocational school 1 2 3 (circle one)
 Associate degree

Do you have prior experience in a healthcare related field?

Yes No

If yes, please give name of employer and dates you worked in a healthcare related field:

Do you have other work experience?

Yes No

If yes, please give name of employer and dates you worked:

Current Employer: <i>(if applicable)</i> _____	Position: _____
Hourly Wage: _____	Date of Hire: _____

Volunteer Experience: *(Unpaid/Not court-mandated)*

Was your volunteer experience in a Healthcare setting? Yes No If yes, number of hours completed: _____

Other Miscellaneous:

Do you have a valid Class C Driver's License? Yes No

Do you have a valid CPR/First Aid Certificate? Yes No

Employment Characteristics:

Please check which countries you are willing to travel to for work as an apprentice:

Coos Curry Douglas Jackson/Josephine Lincoln/Linn/Benton Wallowa/Umatilla/Morrow/Union

Multnomah/Clackamas/Washington Baker Harney Hood River/Wasco Grant Clatsop

Humboldt/Del Norte, CA

My signature below indicates that I certify the information on this application is true to the best of my knowledge.

Participant Name <i>(please print)</i>	Participant Signature	Date
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This Area is for STAFF USE ONLY:

Meets Minimum Qualifications Yes No

Copies of Driver's License? Yes No

Copies of Diploma/GED? Yes No

Documentation Verified for Application Points System	
<input type="checkbox"/> Transcript (credential or classes completed, max 20)	Points: _____
<input type="checkbox"/> Military DD214 (max 5)	Points: _____
<input type="checkbox"/> Work Experience (max 20)	Points: _____
<input type="checkbox"/> Currently employed with registered training agent (max 25)	Points: _____
<input type="checkbox"/> Volunteer Experience in Healthcare (max 4)	Points: _____
<input type="checkbox"/> Pre-Apprenticeship (max 5)	Points: _____
<input type="checkbox"/> Other: CPR/First Aid Certification (max 1)	Points: _____
Total Possible: 80	Total: _____

Allied Health West (AHW) will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older. AHW shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under the Oregon Plan for Equal Employment Opportunity in Apprenticeship and Title 29 of the Code of Federal Regulations, part 30. This is an equal opportunity program, and auxiliary aids and services are available upon request to individuals with disabilities.

The Allied Health West Apprenticeship program is an equal opportunity employer/program, and auxiliary aids and services are available upon request to individuals with disabilities. This workforce product was 100% funded by grants awarded by the U.S. Department of Labor's Employment and Training Administration (\$353,000 & \$692,000). The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.