PLUMBERS AND PIPE FITTERS LOCAL 149
JOINT APPRENTICESHIP AND TRAINING COMMITTEE

VOLUNTARY DISABILITY DISCLOSURE FORM

☐ Yes, I have a disability for which a reasonable accommodation is required

☐ No, I do not have a disability

☐ I do not wish to answer

Why are you being asked to complete this form?

The Local 149 Apprenticeship Program is a registered apprenticeship program that participates in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor. As a registered apprenticeship program, the Local 149 Apprenticeship Program is required to reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities. Any answer you give will be kept private to the best of our ability and 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, intellectual disability or learning disability.

Complaints.

If you believe you been discriminated against on the basis of a disability, you can file a written complaint with the Director of Training, Local 149, 1005 North Dunlap Avenue, Savoy, IL 71874 or with the U.S. Department of Labor – Office of Apprenticeship and Training, 3161 West White Oaks Drive, Suite 202, Springfield, IL 62704.

__________________________
Printed Name

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Signature

__________________________
Date