Application Information Sheet
Property Services Contractor License

Who must apply? A property services contractor includes any person who recruits, solicits, supplies or employs workers to perform labor for another person to provide services that include janitorial services for an agreed remuneration or rate of pay as well as anyone who enters into a subcontract for any of these activities.

Annual license fee: **$350.00**

The following entities are eligible to receive a property services contractor license:

1. Sole Proprietor
2. Partnership or Limited Liability Partnership
3. Corporation
4. Limited Liability Company ("LLC")
4. Cooperative Corporation
5. Private non-profit corporation
6. Publicly-held corporation or LLC

ALL assumed business names and corporations **MUST** be registered with the Corporation Division in Salem **PRIOR** to a license being issued. To register, please contact: Oregon Secretary of State - Corporation Division, Public Service Building, Suite 151, 255 Capitol Street NE, Salem, OR 97310. Or call (503) 986-2200.

To obtain a license, each applicant is required to submit:

1. Appropriate license fees (note that under Oregon law, the fees are nonrefundable)
2. Completed application form (WH-37P)
3. **For sole proprietors, a current, color 2" x 2" (passport size) photograph**
4. Oregon Department of Revenue Tax Compliance Certification
5. Oregon Employment Department Tax Compliance Certification
6. Vehicle Information Sheet (WH-150P) for all vehicles used in the operation of the business
7. **If transporting workers**, proof of insurance for all vehicle(s) used to transport workers
8. Certificate of Insurance issued by your Worker's Compensation carrier and which lists BOLI as certificate holder and provides a 30-day cancellation notice
9. Certificate of general liability insurance coverage in the amount of $1,000,000 which lists the Bureau Labor and Industries as certificate holder and provides a 30-day cancellation notice **OR** financial responsibility documentation (*see explanation below*)**
10. Certification of employee counts, work locations and demographic information (WH-152P)
11. For private non-profit corporation applicants only: Certified Statement (WH-35P) and proof of IRS 501(c)(3) exemption.

To renew your license, each applicant is required to submit the documents above and the following documents:

12. Copy of forms WH-151P **and** WH-153 or equivalent *used in the course of business* for one employee.
13. Certification statement (WH-159P) relating to the provision of sexual harassment and anti-discrimination training and a copy of the curriculum and related materials used to provide the training.

****Property services contractors *which meet the criteria of ORS 658.415(6)* need not provide proof of financial responsibility documentation. See below.**

Proof of financial responsibility: A property services contractor is not required to file proof of financial ability if:

(a) The property services contractor provides proof of general liability insurance coverage in the amount of $1,000,000; and

(b) The property services contractor, within the preceding two years, has not:

(A) Violated ORS chapter 652 or 653; or

(B) Committed an unlawful employment practice under ORS chapter 659A.

Otherwise, each application must be accompanied by proof of financial responsibility in the form of a corporate surety bond of a company licensed to do business in Oregon, or a cash deposit. All financial responsibility documents are to be submitted on forms that are provided by the Labor Contracting Unit. The proof of financial responsibility shall be in the following amounts:

$10,000 if employing 20 or less employees

$30,000 if employing 21 or more employees; or for non-profit corporations

Contact BOLI's Labor Contracting Unit for additional information on documenting financial security.

Temporary permit and license examination: All new applicants must pass a written license examination prior to receiving a labor contractor license. Applications for entities other than an individual must identify one or more individuals who are responsible, financially and otherwise, for fulfilling the entity's obligations consistent with the property services contractor law (ORS 658.405 to 658.503) and who will be taking the exam.

A temporary permit, valid for 60 days, may be issued prior to taking the exam. Arrangements must be made to take the exam within 45 days after issuance of the temporary permit. It is the contractor's responsibility to contact the Salem office to make arrangements for the exam. The permit may **NOT** be extended beyond 60 days. A contractor is allowed only one temporary permit within any 12-month period.

THE PERMIT WILL BE GRANTED ONLY IF ALL MATERIALS REQUIRED FOR LICENSING ARE SUBMITTED IN ONE PACKAGE AND IT IS COMPLETE. Otherwise, the application will be returned for completion. No action will be taken until BOLI's Labor Contracting Unit has received a complete application.

License renewal: The license is valid through the end of the month one year from the date of issue. Contractors licensed as a labor contractor for at least two consecutive years in compliance with applicable law may request a renewal term of two or four years. The fee for such renewal is equal to the annual fee (above) multiplied by the number of years of the renewal term. Renewal reminder letters are sent to all licensed contractors prior to the expiration of the current license.

The Bureau of Labor and Industries will assist you in any way possible in order to complete the licensing process. Please contact us at 971-358-3882 if you have further questions or wish to make an appointment for an office visit.

Completed applications may be submitted to:

Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-358-3882

Privacy Statement
Labor Contractor License

As part of any individual application for a new or renewed labor contractor license, the applicant must provide the Bureau of Labor and Industries with a Social Security Number. This is mandatory. The authority for this requirement is ORS 25.785 and 42 USC § 666(a)(13).

Failure to provide a Social Security Number will be a basis to refuse to issue or renew the license sought. Although a number other than the Social Security Number appears on the face of the license issued by the BOLI, the Social Security Number will remain on file with the bureau.

This record of the Social Security Number will be used for child support enforcement purposes only, unless other uses of the number are authorized.

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Attention

Before you send in any license application, please be sure you have included **ALL REQUIRED** documents. If the application packet is not complete, it will be returned. **No one may operate as a labor contractor without a current license or temporary permit.** Using this checklist, review the application and required documents. If you are applying to renew a license, please use the application and forms provided to you by this office for this purpose. (Forms used previously may have been revised.)

Place a check mark in each box to make sure you have completed and enclosed **ALL** required documents.

- ☐ Appropriate license fee (note that under Oregon law this fee is nonrefundable)
- ☐ Completed application (WH-37P) with each and every question answered. Type or print clearly.
- ☐ **For sole proprietors, a current, color 2" x 2" (passport size)**
- ☐ Oregon Department of Revenue Tax Compliance Certification
- ☐ Oregon Employment Department Tax Compliance Certification
- ☐ Certified statement (WH-35), if applying for NON-PROFIT CORPORATION license

  Note, Proof of IRS 501(c) (3) exemption required for Non-profit corporation applications
- ☐ Vehicle Information Sheet (WH-150P)
- ☐ Proof of vehicle insurance, **if transporting workers**
- ☐ Certificate of general liability insurance naming BOLI (3865 Wolverine St. NE E-1 Salem, OR 97305) as certificate holder.
- ☐ Proof of financial responsibility documents (required for all property services contractors which do not meet the criteria of ORS 658.415(6))
- ☐ Certificate of Workers' Compensation insurance
- ☐ If using leased employees, a copy of (1) your lease Contract, and (2) a Certificate of Workers' Compensation Insurance from leasing agency
- ☐ Certification statement on employee counts, work locations and demographic information (WH-152P)

<u>If renewing</u>, include a copy of:

- ☐ Rights of Workers Notice (WH-151P) or the equivalent used in your contracting
- ☐ Agreement between Contractor and Worker (WH-153) or the equivalent used in your contracting
- ☐ Training certification statement (WH-159P)

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Property Services Contractor License Application

Please type or print clearly.

Every question must be answered, or the application will be returned as incomplete.

1. **Application Type:** ☐ New License Renewal Term: ☐ 1 year ☐ 2 years* ☐ 4 years*
   ** Renewals of 2 or 4 years available to licensees having operated 2 or more consecutive years in compliance with applicable law with no gap time.*
2. **Application fee included: ***
   ☐ $350 – New License or 1 year renewal ☐ $700 – 2 years * ☐ $1,400 – 4 years*
   ** Fees for 2 or 4 year qualifying renewals are equal to the annual fee multiplied by the renewal term.*
3. **Type of business entity:**
   ☐ Sole Proprietor ☐ Limited Liability Partnership ☐ Corporation – Publicly Traded
   ☐ Partnership of ____ individuals ☐ Corporation ☐ Non-profit Corporation
   ☐ Limited Liability Company ☐ Cooperative Corporation of ____ individuals
4. **Applicant's name:** _____
   (First) *(Middle)* *(Last)*
5. **Mailing address:** _____
   (Street)
   _____
   (City) *(County)* *(State & ZIP)*
6. **Applicant's phone #:** _____
7. **Email Address:** _____
8. **Are you applying on behalf of a business entity *other than a sole proprietor*?**
   ☐ YES. ***Proceed to question 11.***
   ☐ NO, **I am a sole proprietor**
9. **Social Security #:** _____ **10. Date of birth:** _____
11. **Business name:** _____
    If no business name, check here ☐
12. **Business address** *(if different from #5)*: _____
    (Street)
    _____
    (City) *(County)* *(State & ZIP)*
13. **Business phone:** _____
14. **Email Address:** _____
15. **Mailing address** *(if different from #12)*: _____
    (Street or PO Box)
    _____
    (City) *(County)* *(State & ZIP)*
16. **Oregon address** _____
    (Street)
    _____
    (City) *(County)* *(State & ZIP)*

17. List any and all other addresses and telephone numbers *(include cell phone numbers). Attach information on additional sheets if more space is needed.*

_____ _____

_____ _____

18. Oregon Sec. of State Registry Number: _____

19. Federal Employer ID Number: _____

20. State Business ID Number ("BIN"): _____

21. Are you a subcontractor or franchisee? ☐ YES ☐ NO

22. If yes, provide the name of the Prime Contractor or Franchise. _____

23. List full names and addresses of all persons financially interested, whether as partners, shareholders, profit-sharers, or members in the applicant's proposed operations as a labor contractor, together with the amount or percentage of the respective interest of each. *If more space is needed, attach information on additional sheets.*

Person Financially Interested #1	**Person Financially Interested #2**
_____ *(Name)*	_____ *(Name)*
_____ *(Address)*	_____ *(Address)*
_____ *(City, State, ZIP)*	_____ *(City, State, ZIP)*
_____ *(Percentage of Interest)*	_____ *(Percentage of Interest)*

24. For entities other than sole proprietorships, list full names and addresses of any persons in addition to yourself who will be responsible, financially and otherwise, for fulfilling this business' obligations under ORS 658.405-658.503. *If more space is needed, attach information on additional sheets.*

Name(s)	**Address(es)**
_____	_____
_____	_____
_____	_____

VEHICLE INFORMATION

25. Will vehicles be used in the operation of this labor contracting business? ☐ YES ☐ NO

If yes, complete and submit the Vehicle Information Sheet (WH-150P) with this application.

26. Will any vehicles be used to transport workers? ☐ YES ☐ NO

If yes, complete and submit a Vehicle Information Sheet (WH-150P) and provide proof of insurance for each and every vehicle used to transport workers.

PROOF OF FINANCIAL ABILITY INFORMATION

27. Does the business meet the criteria for exemption from the requirement to provide security?

General liability insurance in the amount of $1,000,000 per occurrence and no violations of ORS chapter 652 or 653 or unlawful employment practices under ORS chapter 659A in preceding two years.

☐ YES, **General liability insurance certificate enclosed.** ***If yes, skip to question 30.***
☐ NO, **I will be providing financial security.**

28. What is the maximum number of employees to be employed at any one time during the period covered by this license?

☐ **0 - 20 employees** ($10,000 bond or equivalent required)
☐ **21 or more employees** ($30,000 bond or equivalent required)
☐ **Non-profit corporation** ($30,000 bond or equivalent required)

29. What type of proof of financial responsibility are you submitting with this application?

☐ Corporate Surety Bond ☐ Time Certificate of Deposit

☐ Cash Deposit ☐ Other (*Specify Type*: _____)

30. Has the applicant, this business, or any person financially interested in this business ever had a labor contractor license which has been denied, revoked or suspended? ☐ YES ☐ NO

31. Is the applicant, this business, or any person financially interested in this business a defendant in any court action or proceeding? *If yes, attach details.* ☐ YES ☐ NO

32. Are there any judgments or administrative orders of record against the applicant, this business, or any person financially interested in this business? *If yes, attach details.* ☐ YES ☐ NO

SWORN STATEMENT

As an applicant for a labor contractor license or authorized individual responsible financially and otherwise for the obligations of this business under ORS 658.405 to 658.503, I state on oath:

a) That the above information is true and correct;
b) That I will notify the Bureau of Labor and Industries of any changes in circumstances pertaining to information provided in this application;
c) That I will at all times conduct the business of a labor contractor in accordance with all applicable laws of the State of Oregon and rules of the Commissioner of the Oregon Bureau of Labor and Industries;
d) That I have READ and UNDERSTAND forms WH-151P, "Rights of Workers;" and WH-153, "Agreement Between Contractor and Workers," and will, in accordance therewith, provide this information to all subject workers as required by law;
e) That I have READ and UNDERSTAND form WH-159P regarding the obligation to provide specific training to managers, supervisors and workers engaged in janitorial services; and
f) That with regard to any action filed against me or this business concerning activities as a labor contractor, I appoint the Commissioner of the Bureau of Labor and Industries as lawful agent to accept service of summons when I am not present in the jurisdiction in which such action is begun or have in any other way become unavailable to accept service.

Signature of applicant or authorized individual and title **Date Signed**

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Vehicle Information Sheet

This form is required to be submitted with the labor contractor's license application for all vehicles to be used in the operation of the contractor's business. In addition, proof of insurance must be submitted with this form for each and every vehicle used to transport workers. Proof of insurance includes the certificate of an insurance producer licensed in Oregon or documentation of (1) the insurance number, (2) the amount of coverage and (3) the name of the insurance producer.

Any additional vehicles acquired must be reported immediately along with proof of insurance if the vehicle is to be used to transport workers.

Please type or print legibly. If more space is needed, this form may be photocopied or additional pages may be attached which provide all of the information required on this form.

Vehicle #1

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

Vehicle #2

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

Vehicle #3

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

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Vehicle #4

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

Vehicle #5

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

Vehicle #6

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

Vehicle #7

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Model: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)
Is this vehicle used to transport workers? ☐ YES ☐ NO
Is proof of insurance attached? ☐ YES ☐ NO

Certified Statement

(For Private Non-Profit Corporations)

I, _____, as the designated representative of labor contractor applicant corporation _____, pursuant to the provisions of ORS 658.410, hereby certify that the corporation:

1. Is designated by the Internal Revenue Service as exempt under Section 501 (c) (3) of the Internal Revenue Code;
2. Authorized to do business in Oregon by the Secretary of State as a nonprofit; and
3. Primarily engaged in recruiting, soliciting, supplying or employing workers.

_____ _____

Signature of Authorized Representative Date

_____

Printed Name and Title of Authorized Representative

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Information Regarding Documentation of Tax Compliance for Property Services Contractors

In order to qualify for an Oregon property services contractor license, you must demonstrate that you have filed and paid all taxes due. **Your license will NOT be issued until this information is received**.

NOTE: Under revisions to the **property services (janitorial) labor contractor** license program, *employees* of a licensed property services contractor no longer need not be licensed. Likewise, the Bureau of Labor and Industries is no longer required to license a majority of the *ownership* of a property services contractor business (e.g., partners, shareholders, or LLC members) unless the business is a sole proprietorship. Thus, it is the property services contractor *business* (or the sole proprietor) that is seeking tax compliance certification.

Department of Revenue

Oregon Department of Revenue (DOR) Tax Compliance Certification

The Oregon Department of Revenue (DOR) is now processing tax compliance certification reviews online at https://www.oregon.gov/dor/programs/Collections/Pages/tax-compliance.aspx. The compliance check completed online will be either individual only, business only or both individual and business. Once completed, DOR will send a letter to you at the address provided indicating whether you are in compliance or not. If you are not compliant, a reason will be provided, and you will need to work with DOR to resolve this prior to submitting your application.

The letter will be mailed the following business day after the completion of the review. The address must match your individual or business address included in your packet. **You must provide an original copy of this letter in your packet to confirm you are compliant.** Please retain a copy of the letter for your records**.**

For applicants who cannot complete this process online, the Department of Revenue has a new paper form that mirrors the Revenue Online certification request. Please visit the Department of Revenue Tax Certification site at https://www.oregon.gov/dor/programs/Collections/Pages/tax-compliance.aspx for the most recent copies of this form.

NOTE: DOR is no longer accepting FAXED documents. Paper forms must be emailed to DOR for review: compliance.checks@dor.oregon.gov.

Applicants who need this information in alternate languages should contact DOR directly.

Employment Department

Oregon Employment Department (OED) Tax Compliance Certification

Complete Part 1 of form WH-193P:

For **Sole Proprietors**, enter the applicant's Social Security Number, all others may enter "N/A"

All businesses with employees must obtain and enter a BIN and an EIN. A business with *no employees* may enter "N/A"

Mail, fax or email a scan of the certification request form to the **Oregon Employment Department** at the address provided on the form. Once the Oregon Employment Department completes the form, it will be returned to you to include with your license application.

Please allow at least seven (7) business days for the processing of DOR reviews and OED forms.

OREGON EMPLOYMENT DEPARTMENT
TAX COMPLIANCE CERTIFICATION

PART 1: TO BE COMPLETED BY APPLICANT

Applicant Name (Last, First, Middle Initial): _____

Check One: ☐ **Owner** ☐ **Employee**

Social Security Number (SSN):* _____

Business Name: _____

Employer Identification Number (EIN): _____

Oregon Business ID Number (BIN): _____

DBA (Doing Business As), if applicable: _____

Have you done business under any other business name or employer identification number (EIN)? ☐ **No** ☐ **Yes**
(If yes, list names and EIN numbers):
NAME: _____ **EIN:** _____
_____ _____
_____ _____

Address (Street, City, State, Zip Code): _____

Daytime Telephone: _____

FAX Number: _____

Type of Business: (Check one for each applicant)
☐ **Sole Proprietor**
☐ **Partnership**
☐ **Corporation**
☐ **Other (Specify)** _____
Did you have employees working for you in the past 12 months?
☐ **No** ☐ **Yes Number:** _____
Do you expect to have employees working for you in the next 12 months? ☐ **No** ☐ **Yes Number:** _____

MAILING ADDRESS
Oregon Employment Department
ATTN: Tax
875 Union Street NE
Salem, OR 97311-0030

Telephone: (503) 947-1488
FAX: (503) 947-1700
Email: OED_Taxinfo_User@oregon.gov

PART 2: THIS SECTION TO BE COMPLETED BY EMPLOYMENT DEPARTMENT STAFF ONLY

	YES	NO	$ AMOUNT
Outstanding Liability:	☐	☐	_____
Returns Filed:	☐	☐	_____
Payroll (Form OQ)	☐	☐	_____
Payroll (Form 132) Wage Detail	☐	☐	_____

Other (Specify) _____

COMPLIANCE CERTIFICATION BY EMPLOYMENT DEPARTMENT:
☐ **COMPLIANT** ☐ **NON-COMPLIANT** ☐ **NO RECORD FOUND**

Signature of ED Certifying Official _____ **DATE:** _____

***Privacy Act Statement: The submission of your social security number is voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.**

Labor Contractor Bond

(Please Read Instructions Carefully Before Completing)

Bond Number: *(1)* _____

KNOW ALL MEN BY THESE PRESENTS:

That we, *(2)* _____

_____

are authorized to transact business within the State of Oregon as principal and *(3)* _____

a corporation duly organized and existing under and _____

by virtue of the laws of the State of *(4)* _____ and authorized to transact a surety business within

the State of Oregon, as surety, are held and firmly bound unto the Commissioner of the Oregon Bureau of Labor

and Industries in the penal sum of *(5)* _____ thousand dollars *(6)* $ _____, lawful money

of the United States of America, for the payment of which well and truly to be made, we hereby bind ourselves,

our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The conditions of this obligation are such that if the said principal shall:

1. Pay in full all sums due on wage claims of employees; and
2. Pay all sums due to the construction property owner, the grower or producer of agricultural commodities or the owner or lessee of land intended to be used for the production of timber for advances made to or on behalf of the labor contractor; then this obligation is to be void; otherwise the obligation is to remain in full force and effect.

This bond shall remain in full force and effect from the date of its issuance until *(7)* _____ and shall be

irrevocable during this period. It is understood that all claims against the bond shall be unenforceable unless request for payment of a judgment or other form of adequate proof of liability or a notice of the claim has been made by certified mail to the surety or the Commissioner within six (6) months from the date of expiration of the bond.

The surety and principal agree that the Commissioner of the Oregon Bureau of Labor and Industries shall determine the principal's liabilities to the beneficiaries pursuant to the provisions of ORS Chapter 183, and shall, after notice directed to the principal and an opportunity for hearing, enter findings of fact, conclusions of law and order with respect to any liabilities to the beneficiaries found to exist unless the matter is otherwise disposed of by stipulation, agreed settlement, consent order or default.

The Commissioner, the principal, and the surety further agree that ten (10) days subsequent to the Commissioner having determined a liability to exist on the part of the principal to a beneficiary, the

Commissioner may demand from the surety, and the surety will promptly pay subject to the limits of this bond, sufficient funds to pay the beneficiary the amount of the liability which has been determined by the Commissioner, unless the Commissioner grants a stay or is stayed by an appellate court.

Dated and Issued This *(8)* _____ Day of _____, 20 _____.

SOLE PROPRIETOR / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP

(9) Corporate Surety

By _____

(Signature of Attorney in Fact)

_____

(Printed Name of Attorney in Fact)

_____

_____

(Surety Address)

_____

(Surety Telephone)

(10) CONTRACTOR

By _____

(Signature of Principal – Sole Proprietor or Partner)

_____

(Printed Assumed Business Name, if any)

CORPORATION/LIMITED LIABILITY COMPANY/NON-PROFIT CORPORATION/ PUBLICLY TRADED CORPORATION/AGRICULTURAL ASSOCIATION/ COOPERATIVE CORPORATION

(11) Corporate Surety

By _____

(Signature of Attorney in Fact)

_____

(Printed Name of Attorney in Fact)

_____

_____

(Surety Address)

_____

(Surety Telephone)

(12) Contractor

_____

(Name of Corporation / LLC/Non-Profit Corporation/ Publicly Traded Corporation/Agricultural Association/ Cooperative Corporation/Assumed Business Name, if any)

By _____

_____

(Printed Name)

_____

(Title)

Attach certified copy of authority to sign, if applicable

This information is available in an alternate format.

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Instructions for Completing Labor Contractor Bond (WH-157)

BLANK (1) This blank contains the bond number assigned by the corporate surety.

BLANK (2) Insert the full legal name and assumed business name, if any, of the contractor to be licensed as follows:

SOLE PROPRIETORSHIP: In the case of a **sole proprietor**, this blank should contain the full legal name of the sole proprietor and the assumed business name, if any, under which the labor contractor applicant proposes to conduct business. **Example:** John Harold Smith, a sole proprietor, dba John's Harvesting Company.

PARTNERSHIPS (GENERAL AND LIMITED LIABILITY): In the case of a **partnership** (whether general or limited liability), the blank should contain the full name of the individual partner **and** the name of the partnership under which the business will be conducted. **Example**: Mary Elizabeth Connelly, a partner in the partnership of Connelly's Harvest Company or Mary Elizabeth Connelly, a partner in the limited liability partnership of Connelly's Harvest Company.

NOTE: Each partner must submit his or her own bond.

CORPORATIONS AND LIMITED LIABILITY COMPANIES: In the case of a **corporation or limited liability company**, the blank should contain the full name of the majority shareholder or LLC member **and** the name of the corporation or Limited Liability Company and its state of charter as filed with the Oregon Secretary of State. If the corporation or limited liability company uses an assumed business name, that name should be included as well. **Example**: Susan Maria Smith and Workforce, Inc., an Oregon Corporation dba Able Farm and Forestry Contracting **or** Susan Maria Smith and Workforce, Inc., an Oregon Limited Liability Company dba Able Farm and Forestry Contracting.

NOTE: Unless the corporation/Limited Liability Company has more than 10 shareholders/members, each shareholder/member must be individually licensed and submit his or her own proof of financial responsibility (bond). If the corporation or LLC has 10 or more shareholders/members and more than two shareholders/members collectively own the majority of the corporation/LLC, individual shareholders/members are not required to be individually licensed or submit individual proof of financial responsibility.

NON-PROFIT AND PUBLICLY TRADED CORPORATIONS: In the case of a **non-profit or publicly traded corporation**, the blank should contain the full legal name of the corporation, state of charter as filed with the Oregon Secretary of State, and type of entity. **Example**: Oregon Farm and Forest Labor Contracting, Inc., an Oregon non-profit corporation or Oregon Farm and Forest Labor Contracting, Inc., an Oregon publicly traded corporation. If the corporation uses an assumed business name, that name should be included as well.

AGRICULTURAL ASSOCIATIONS: In the case of an **agricultural association**, the blank should contain the full legal name of the agricultural association as filed with the Oregon Secretary of State in addition to any assumed business name used by the agricultural association. **Example**: Willamette Valley Growers Association, an Oregon Agricultural Association dba Central Valley Growers.

COOPERATIVE CORPORATIONS: In the case of a **cooperative corporation**, the blank should contain the full legal name of the cooperative corporation as filed with the Oregon Secretary of State in addition to any assumed business name used by the coop). **Example:** ABC Association, Inc., an Oregon Cooperative Corporation dba ABC Company.

ANY PERSON WHO RECRUITS, SOLICITS, SUPPLIES OR EMPLOYS WORKERS ON BEHALF OF AN EMPLOYER WHO IS A LABOR CONTRACTOR MUST ALSO BE LICENSED.

BLANK (3) This blank contains the full legal name of the corporate surety as filed with the Oregon Secretary of State.

BLANK (4) This blank should contain the name of the state which chartered the corporate surety.

BLANK (5) This blank should contain the written dollar amount of the bond, i.e., **TEN OR THIRTY** (or if operating a farm labor camp, at least **FIFTEEN**). If you are also applying for a camp operator indorsement, the minimum amount of the bond must be $15,000, regardless of the number of employees employed. (If a $30,000 bond is required, the camp operator bond amount required is included in this amount.)

BLANK (6) This blank contains the numeric dollar amount of the bond, e.g., $10,000, $15,000 or $30,000.

BLANK (7) This blank should contain the date when the bond will expire and should cover the entire term of the license. **Please note:** A bond should expire on the last day of any given month.

BLANK (8) This blank should contain the date upon which the bond is dated and issued by the corporate surety.

BLANK (9) **SOLE PROPRIETORS/PARTNERSHIPS/LIMITED LIABILITY PARTNERSHIPS:** If the contractor is a sole proprietor or a partner in a general or limited liability partnership, these blanks should contain the signature of the authorized representative of the corporate surety, his/her printed or typed name, and the business address to which correspondence relative to the surety bond is to be directed.

BLANK (10) These blanks should contain the signature of the contractor and the printed or typed name under which the applicant proposes to conduct business.
IF A LABOR CONTRACTOR BUSINESS IS TO BE CONDUCTED AS A GENERAL OR LIMITED LIABILITY PARTNERSHIP, EACH PARTNER MUST SUBMIT WITH HIS OR HER LICENSE APPLICATION A SEPARATE FARM LABOR CONTRACTOR BOND.

BLANK (11) **CORPORATIONS/LIMITED LIABILITY COMPANIES/NON-PROFIT CORPORATIONS/PUBLICLY TRADED CORPORATIONS/AGRICULTURAL ASSOCIATIONS/COOPERATIVE CORPORATIONS:** If the contractor is a corporation, limited liability company, non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, these blanks contain the signature of the authorized representative of the corporate surety, his/her printed or typed name, and the business address to which correspondence relative to the surety bond is to be directed.

BLANK (12) If the contractor/applicant is a majority shareholder or LLC member, s/he should sign the first line of #12.

IF A LABOR CONTRACTOR BUSINESS IS TO BE OPERATED AS A CORPORATION OR LIMITED LIABILITY COMPANY, EACH MAJORITY SHAREHOLDER OR MEMBER MUST SUBMIT WITH HIS OR HER APPLICATION A SEPARATE FARM LABOR CONTRACTOR BOND.

The printed business name of the applicant/contractor (including any assumed business name) should be printed on the second line of #12.

If the person signing the bond is applying on behalf of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, s/he should sign the third line in this section (following the word "By"). The title of the person signing should be entered on the next line.

If signing as a representative of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, attach a certified copy of authority to sign on behalf of the entity.

If you have any questions, please contact us:

Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-353-2305

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Required Notices to Workers

The labor contractor license packet includes several forms which may be used to provide required notices to workers and satisfy some of the reporting requirements for licensure. Labor contractors may use these forms as templates or develop their own forms so long as they contain all the elements set out in the template. These forms must be provided in the English language *and any other language used by the labor contractor to communicate with workers*. Electronic copies are also available online from our website at https://www.oregon.gov/boli/employers/Pages/property-services-janitorial-labor-contractors.aspx**.**

ORS 658.440(1)(f) requires that labor contractors provide each worker with (1) a statement of specific worker rights and (2) a disclosure of certain terms and conditions at the time of recruiting, soliciting, supplying or hiring, *whichever occurs first*.

Under ORS 658.440(1)(g), labor contractors must also execute a *written agreement* with each worker containing the terms and conditions of work *as well as* the statement of worker rights *at the time of hire and prior to beginning work*.

Form WH-151P, Rights of Workers

BOLI has prepared Form WH-151P for use by contractors in complying with the requirement to provide workers with a statement of their rights and remedies under specific laws.

CONTRACTORS MUST KEEP COPIES of Forms WH-151P (or equivalent) used by the contractor for three years. OAR 839-015-0400.

Form WH-153, Disclosure Statement & Work Agreement

BOLI has prepared Form WH-153 which may be used by contractors to provide workers with a disclosure of specific terms and conditions at the time of recruiting, soliciting, supplying or hiring, *whichever occurs first*.

Forms WH-151 and WH-153 may also be used together to provide (1) the statement of worker rights and (2) terms and conditions of work required *at time of hire and prior to beginning work* by ORS 658.440(1)(g)

CONTRACTORS MUST KEEP COPIES of Forms WH-153 (or equivalent) used by the contractor for three years. OAR 839-015-0400.

Form WH-154, Statement of Earnings

Labor contractors are required to furnish each worker, each time the worker receives a compensation payment from the contractor, with a written itemized statement of earnings. Form WH-154 or any form which contains all the elements of WH-154 may be used to satisfy this requirement. OAR 839-015-0370.

Form WH-155, Notice of Compliance with Bond Requirements

ORS 658.415(15) requires contractors to **keep conspicuously posted** on the **JOB SITE** the information provided on Form WH-155, **Notice of Compliance with Bond Requirements**.

OREGON WAGE AND HOUR LAWS PERTAINING TO DEDUCTIONS FROM WAGES

Deductions from the wages of employees are permitted under the following circumstances:

- The employer is required to do so by law;
- *The deductions are authorized in writing by the employee, are for the employee's benefit, and are recorded in the employer's books;*
- *The employee has voluntarily signed an authorization for a deduction for any other item, provided that the ultimate recipient of the money withheld is not the employer, and that such deduction is recorded in the employer's books;*
- The deduction is made from the payment of wages upon termination of employment and is authorized pursuant to a written agreement between the employee and employer for the repayment of a loan made to the employee by the employer if certain conditions are met (see ORS 652.610(3)(e)).

Deductions may ***not*** be made from the wages of employees for the following items:

- Uniforms, tools, and transportation that are required to do the job (or "draws" for the purchase of such items)
- Deposits for equipment, shortages, breakages, losses, or theft
- Meals and lodging if they are required by the employer

An employee may be required to pay for these items (so long as a deduction is not made from the employee's wages) if the amount paid by the employee does not have the effect of reducing the employee's earnings below the applicable wage rate (i.e., state minimum wage, federal minimum wage, Service Contract Act, or Migrant and Seasonal Agricultural Worker Protection Act wage rate) for all hours worked and the requirement to pay for such items is disclosed in advance to the employee.

Payroll deductions ***may*** be made for items such as raingear, gloves and hats, meals and lodging ***only*** if they are not required, are for the private benefit of the employee, and are authorized in writing by the employee and recorded in the employer's books.

If you have any questions regarding permissible deductions from employee wages, contact the Bureau of Labor and Industries' Employer Assistance Unit at (971) 361-8400 or U.S. Department of Labor, Wage and Hour Division at (503) 326-3057.

Rights of Workers

Property Services Contractor Labor Law

Oregon law regulates the activities of property services contractors who provide janitorial labor. Under this law, contractors are required to:

1. Have a license and show it to persons with whom they contract.
2. Give each worker whom they hire, recruit, solicitor supply a written agreement which describes the terms and conditions of employment. This form must be written in English and in any other language used to communicate with workers.
3. Give each worker a written form which describes the rights of employees. This form must be in English and in any other language used to communicate with workers.
4. In a conspicuous and accessible place, post a notice stating whether the contractor is required to obtain a bond or make a deposit with the Bureau of Labor and Industries. The notice must also state how to make a claim against the bond or deposit, if the contractor owes a worker wages.

Each worker has the right to take legal action against a contractor if that contractor violates certain laws regulating the contractor's activities. For information about your right to take legal action, call any office of the Bureau of Labor and Industries (see listing of offices on next page).

The Minimum Wage

Property services contractors are required to pay their employees no less than the applicable minimum wage. These laws do not apply to all workers. If you have questions, contact any office of the Bureau of Labor and Industries or visit www.oregon.gov/BOLI for more information.

Rest and Meal Periods

Most employees in Oregon must receive rest breaks and meal periods. Employers must provide workers with a paid, uninterrupted 10-minute rest break for every four-hour segment or major portion thereof in the work period. Employers must provide workers with at least a 30-minute unpaid meal period when the work period is six hours or greater. There are some exceptions and special rules apply to minor employees. For more information, contact any office of the Bureau of Labor and Industries.

Wage Claims

If an employer owes wages to a worker and does not pay, the worker may file a claim for back wages. In order to file a claim, contact any office of the Bureau of Labor and Industries. It will be necessary to fill out a form and to provide other information about what you are owed.

Laws Prohibiting Discrimination

Oregon and federal civil rights laws forbid an employer or landlord to discriminate against a worker or tenant because of race, color, sex, national origin, or religion. An employer may not discriminate against a worker who has been injured on the job. Civil rights laws protect workers from additional kinds of discrimination and also give workers certain rights. For more information, call the Civil Rights Division of any office of the Bureau of Labor and Industries.

Union Rights

Most employees in the private sector have the right to engage in group action to improve wages, benefits, and working conditions and to engage in union activities and support a union. For information, contact a union or the National Labor Relations Board at 503-326-3085 or www.nlrb.gov.

Workplace Safety and Health

You have a right to a safe and healthful place to work under both Oregon and federal law. If you are concerned about safety or health problems where you work, you have the right to tell your employer, discuss concerns with your co-workers, participate in related union activities, report job hazards to Oregon OSHA, and other rights. Your employer is required to display Oregon OSHA's "It's the Law!" safety and health poster at your workplace. For more information, contact Oregon OSHA at 1-800-922-2689 or visit www.osha.oregon.gov.

On-the-Job Accidents

Your employer is required to maintain an insurance policy which covers on-the-job accidents. Your employer

should post a notice which provides information about this insurance. The insurance company will pay the cost of medical treatment. It will also pay wages to workers who are unable to work because of an on-the-job accident. The employer is required to have a form which is used to notify the insurance company of the accident. Get one of these forms from your employer, fill it out, and return it to your employer, who will send it to the insurance company. If you do not have a form or cannot get one from your employer, call the **Workers Compensation Department** at 1-800-452-0288 to obtain one.

Protected time off to care for yourself or your family

Federal, state and local laws protect your right to take time off work when you, your child, or family members have a qualifying mental or physical illness, injury or health condition; to care for a new baby, newly adopted child or newly placed foster child; after the death of a family member; when you or your child have experienced domestic violence, sexual assault, harassment or stalking; and in other circumstances. Certain limitations apply.

All employers must allow employees to earn and use up to 40 hours of protected sick time each year. An employee may not be disciplined or terminated for taking protected sick time. In addition, employers with 10 or more employees (at least 6 for employers located in Portland) in Oregon must provide this sick time as paid leave. For more information, contact BOLI at 971-245-3844 or visit www.oregon.gov/BOLI for more information.

Federal Government Contracts

If you are working under a federal government contract, the contractor for whom you work must pay you no less than the applicable minimum wage, except when a higher rate has been established. The contractor must post a notice in a conspicuous place which gives the minimum wage or the higher wage if it has been established. There are other rights for employees that work under federal contracts. For information, call the U.S. Department of Labor. The telephone number is (503) 326-3057, or write: U.S. Department of Labor, Wage & Hour Division, 620 SW Main, Room 423, Portland OR 97205.

Unemployment Benefits

Oregon law provides benefits to persons who work, lose their jobs, and are not able to find another one. These unemployed persons may receive payments from the State of Oregon for a limited amount of time while looking for a job. This law is complicated and is not detailed here. If you are able to look for work, you may qualify for these benefits. Check with an office of the **Oregon Employment Department** at 1-800-237-3710.

Bureau of Labor and Industries

Eugene	**Portland**	**Salem**
1400 Executive Parkway, Suite 200 Eugene, OR 97401 (971) 245-3844	1800 SW 1st Ave, Suite 500 Portland, OR 97201 (971) 245-3844	3865 Wolverine St. NE, Bldg. E-1 Salem, OR 97305 (971) 353-2305

☐ Check here if you don't have any employees

_____
Signature

_____
Worker Signature

_____
Date Received

_____
Printed Name

Derechos de los trabajadores

Ley sobre contratistas de trabajo agrícola, forestal y en la construcción

La ley de Oregón controla las actividades de los contratistas de servicios de propiedades que proveen mano de obra en la limpieza. Según esta ley, todo contratista debe:

1. Tener una licencia y mostrarla a las personas con quienes hace contratos.
2. Dar a todas las personas a quienes emplea, recluta, solicita o provee, un acuerdo escrito que describa los términos y condiciones de trabajo. Este formulario debe estar escrito en inglés y en todos los demás idiomas usados para comunicarse con los trabajadores.
3. Dar a cada trabajador un formulario escrito que describa los derechos de los empleados. Este formulario debe estar escrito en inglés y en todos los demás idiomas usados para comunicarse con los trabajadores.
4. Fijar un anuncio en un lugar visible y accesible que diga si el contratista es obligado a proveer fianza o depósito de seguridad con el Departamento de Trabajo e Industrias. Este anuncio debe decir como presentar un reclamo, si el contratista debe salarios a un trabajador y no los paga.

Todo trabajador tiene derecho a iniciar acción legal contra un contratista si éste viola ciertas leyes que controlan las actividades de los contratistas. Para más información sobre su derecho a iniciar una acción legal, llame a una de las oficinas del Departamento de Trabajo e Industrias (vea la lista de oficinas en la próxima página).

Salario mínimo

Los contratistas de trabajo agrícola, forestal y en la construcción deben pagar a sus empleados por lo menos el salario mínimo (excepto en trabajos agrícolas de cosecha a mano y algunos otros). Estas leyes no corresponden a todos los trabajadores. Si tiene preguntas, llame a cualquier oficina del Departamento de Trabajo e Industrias o visite www.oregon.gov/BOLI para mayor información.

Períodos de descanso

La mayoría de los trabajadores en Oregón (incluso los trabajadores agrícolas), deberán recibir los períodos de descanso y comida. Los empleadores deben de proveer a los trabajadores un período de descanso interrumpido pagado de 10 minutos por cada periodo de 4 horas o mayor porción del mismo de la jornada de trabajo. Empleadores deben de proporcionar a los trabajadores por lo menos un período para la comida de 30 minutos sin pago, cuando el periodo de trabajo es de seis horas o más. Hay algunas excepciones y reglas especiales que se aplican a los empleados menores. Para más información, llame a cualquier oficina del Departamento de Trabajo e Industrias.

Demandas por salarios

Si un empleador debe salarios a un trabajador y no se los paga, el trabajador puede presentar un reclamo por salarios atrasados. Para presentar una demanda, llame a cualquiera de las oficinas del Departamento de Trabajo e Industrias. Tendrá que llenar un formulario y dar otra información sobre lo que se le debe.

Derechos sindicales

La mayoría de los empleados del sector privado tienen derecho a participar en acciones grupales para mejorar los salarios, los beneficios y las condiciones de trabajo, y participar en actividades sindicales y apoyar a un sindicato. Para obtener información, comuníquese con un sindicato o la Junta Nacional de Relaciones Laborales al 503-326-3085 o visite www.nlrb.gov.

Accidentes en el lugar de trabajo

Su empleador debe mantener una póliza de seguros que cubra los accidentes que puedan ocurrir en el lugar de trabajo y fijar un aviso con la información sobre este seguro en un lugar visible. La compañía de seguros tiene que pagar los gastos del tratamiento médico y los salarios que el trabajador pierda de ganar, si tiene que dejar de trabajar a causa del accidente en el trabajo. El empleador debe tener un formulario para notificar del accidente a la compañía de seguros. Pida uno de estos formularios a su empleador, llénelo y devuélvaselo. El empleador lo enviará a la compañía de seguros. Si Ud. no tiene uno de estos formularios o no puede conseguir uno de su empleador, llame al Departamento de Compensación a Trabajadores *(Workers Compensation Department)* al 1-800-452-0288 para obtenerlo.

Leyes que prohíben la discriminación

Las leyes federales y estatales sobre derechos civiles prohíben a los empleadores y propietarios discriminar contra trabajadores o inquilinos debido a su raza, color, sexo, nacionalidad o religión. Ningún empleador puede discriminar contra un trabajador que haya sufrido una lesión en el trabajo. Las leyes de derechos civiles protegen a los trabajadores contra otros tipos de discriminación y también dan ciertos derechos a los trabajadores. Para más

información, llame al Departamento de Trabajo e Industrias de Oregón y pida hablar con la División de Derechos Civiles.

Seguridad y salud en el lugar de trabajo

Tiene derecho a un lugar seguro y saludable para trabajar, según las leyes federales y de Oregón. Si le preocupan los problemas de seguridad o salud donde trabaja, tiene derecho a informarle a su empleador, discutir sus inquietudes con sus compañeros de trabajo, participar en actividades sindicales relacionadas, informar los riesgos laborales a Oregón OSHA y otros derechos. Se requiere que su empleador muestre el cartel de seguridad y salud "¡Es la ley!" De OSHA de Oregón en su lugar de trabajo. Para obtener más información, comuníquese con Oregón OSHA al 1-800-922-2689 o visite osha.oregon.gov.

Tiempo libre protegido para cuidar de usted o su familia

Las leyes federales, estatales y locales protegen su derecho a ausentarse del trabajo cuando usted, su hijo o miembros de su familia tienen una enfermedad mental o física calificada, una lesión o un problema de salud; para cuidar a un nuevo bebé, niño recién adoptado o niño de acogida recién colocado; después de la muerte de un miembro de la familia; cuando usted o su hijo han experimentado violencia doméstica, agresión sexual, acoso o acoso; y en otras circunstancias. Se aplican ciertas limitaciones. Todos los empleadores deben permitir que los empleados ganen y usen hasta 40 horas de tiempo de enfermedad protegido cada año. Un empleado no puede ser disciplinado o despedido por tomar un tiempo de enfermedad protegido. Además, los empleadores con 10 o más empleados en Oregón (al menos 6 para los empleadores ubicados en Portland) deben proporcionar este tiempo de enfermedad como tiempo pagado. Para obtener más información, comuníquese con BOLI al 971-673-0761 o visite oregon.gov/BOLI/WHD/OST.

Contratos con el gobierno federal

Si Ud. está trabajando bajo un contrato con el gobierno federal, el contratista para quien Ud. trabaja debe pagarle por lo menos el salario mínimo, excepto cuando se haya fijado un salario más alto. El contratista debe fijar un anuncio en un lugar visible que indique el salario mínimo o el salario más alto, si se ha establecido un salario más alto. Los empleados que trabajan bajo contratos federales también tienen otros derechos. Para información, llame al Departamento Federal de Trabajo. El número de teléfono es (503) 326-3057, o escriba a: U.S. Department of Labor, Wage and Hour Division; 620 SW Main, Room 423, Portland, OR 97205.

Beneficios de desempleo

Las leyes de Oregón proveen beneficios de desempleo a los trabajadores que pierden su trabajo y no pueden encontrar otro. Las personas desempleadas pueden recibir pagos del Estado de Oregón por un período de tiempo limitado mientras buscan trabajo. La ley de desempleo es muy complicada, por lo que no tratamos de explicarla aquí. Basta decir que algunos trabajadores agrícolas y forestales tienen ciertos derechos. Si Ud. puede buscar trabajo, es probable que tenga derecho a recibir estos beneficios. Póngase en contacto con cualquier oficina del **Departamento de Empleo de Oregón** al 1-800-237-3710.

Oficinas del Departamento de Trabajo e Industrias

Eugene	**Portland**	**Salem**
1400 Executive Parkway, Suite 200 Eugene, OR 97401 (971) 245-3844	1800 SW 1st Ave, Suite 500 Portland, OR 97201 (971) 245-3844	3865 Wolverine St. NE, Bldg. E-1 Salem, OR 97305 (971) 353-2305

☐ Marque aquí si no tiene empleados

_____

Firma

_____ _____

Firma del trabajador Fecha recibida

_____

Nombre del trabajador, en letra de molde

Disclosure Statement & Work Agreement

Labor contractors must provide a written statement disclosing the terms and conditions of employment to workers at the time they are hired, recruited, or solicited or at the time they are supplied to another by that contractor, whichever occurs first. Additionally, labor contractors must execute a written agreement with each of their workers prior to the start of work. A copy of the agreement must be furnished to each worker prior to starting work.

This form, together with WH-151 summarizing certain rights of workers, may be used to disclose terms of employment for recruitment purposes and, when signed by both the contractor and the worker, may also be used as a written agreement regarding the terms of employment.

Rate of Pay: This job will be paid at the following rate (rate per hour or piece-work rate).

_____ Hourly rate

_____ Piece-work rate

Bonuses:

☐ There will be no bonuses.
☐ Bonuses will be given under the following conditions:

_____

_____

Personal Loans:

☐ There will be no personal loans.
☐ Personal loans will be given under the following conditions:

_____

_____

Housing and Day Care Services:

☐ Housing and day care services are not provided.

☐ Housing and/or day care services are provided under the following conditions (Only the fair market value of housing **furnished for the private benefit of the employee** may be deducted from wages):

_____

Attach additional pages as necessary.

Employment Conditions:

Your employment under this agreement will begin on this date: _____,
and end approximately on _____.

Your working hours and days are as follows:

_____

Special conditions, if any:

_____

Attach additional pages as necessary.

Equipment and Clothing:

☐ The following necessary equipment and clothing will be provided at no cost by the employer:

_____

Attach additional pages as necessary.

☐ Necessary equipment and clothing must be provided by each worker. Necessary equipment and clothing for this job is:

Attach additional pages as necessary.

☐ Necessary equipment and clothing may be purchased or borrowed from the employer. The prices and/or conditions for obtaining equipment and clothing are as follows:

Attach additional pages as necessary.

Labor Dispute:

☐ There is **no** labor dispute at the work site.
☐ There is a labor dispute at the work site.

Owner of Operations:

For this job, the owner of the land or operation is:

(Name)

(Address)

Attach additional pages as necessary.

The parties agree that worker rights and remedies enumerated on Form WH-151, Rights of Workers, are incorporated in this agreement by reference, and that a copy thereof is attached hereto.

Other Working Conditions:

(If applicable)

Attach additional pages as necessary.

The parties further agree that this contract includes the provisions of the Service Contract Act (41 U.S.C. § 351-401), if applicable.

☐ Check here if you don't have any employees

(Signature)

When used as a work agreement, both parties sign below:

(Employer/Representative Signature)

(Employee Signature)

(Printed Name of Employer/Representative)

(Printed Name of Employee)

(Date Signed by Employer/Representative)

(Date Signed by Employee)

(Employer Business Name)

Declaración de Divulgación y Acuerdo de Trabajo

Los contratistas de mano de obra deben proporcionar una declaración por escrito revelando los términos y condiciones de empleo a los trabajadores en el momento en que son contratados, reclutados o solicitados o en el momento en que son entregados a otro por el contratista, lo que ocurra primero. Además, los contratistas deben firmar un acuerdo por escrito con cada uno de sus trabajadores antes del comienzo del trabajo. Una copia del contrato debe ser entregada a cada trabajador antes del comienzo del trabajo.

Este formulario, junto con el WH-151, que resume algunos derechos de los trabajadores, puede utilizarse para revelar las condiciones de empleo para la contratación y, cuando sea firmado por el contratista y el trabajador, también puede ser utilizado como acuerdo escrito sobre las condiciones de empleo.

Forma de pago: La forma de pago para este trabajo será la siguiente (pago por hora ó por pieza).

_____ Pago por Hora

_____ Por Pieza

Bonos:

☐ No habrá bonos.

☐ Los bonos se darán bajo las siguientes condiciones:

_____

_____

Préstamos personales:

☐ No se darán préstamos personales.

☐ Los préstamos personales se darán de acuerdo a las siguientes condiciones:

_____

_____

Servicios de vivienda, y cuidado de niños:

☐ No se proveen servicios de vivienda, ni cuidado de niños.

☐ Se proveen servicios de vivienda y/o cuidado de niños de acuerdo a las siguientes condiciones. (Sólo el valor justo de mercado de la vivienda amueblada **para el beneficio privado del empleado** podrá deducirse de los salarios):

_____

Adjunte páginas adicionales en caso de que sea necesario.

Condiciones de empleo:

Bajo este contrato el trabajo comenzará el (fecha): _____,
y terminará aproximadamente el (fecha)_____.

Sus horas y días de trabajo son:

_____

Condiciones especiales (si las hay):

_____

Adjunte páginas adicionales en caso de que sea necesario.

Equipo y ropa de trabajo:

☐ El empleador proporcionará el siguiente equipo y ropa necesarios sin costo alguno:

Adjunte páginas adicionales en caso de que sea necesario.

☐ Los trabajadores deben proveer el equipo y ropa necesarios para el trabajo, que son los siguientes:

Adjunte páginas adicionales en caso de que sea necesario.

☐ Los trabajadores pueden comprar u obtener en préstamo del empleador el equipo y ropa necesarios para trabajar. Los precios y/o condiciones para obtener el equipo y ropa son los siguientes:

Adjunte páginas adicionales en caso de que sea necesario.

Conflicto laboral:

☐ **No** hay conflicto laboral en el lugar de trabajo.
☐ Hay un conflicto laboral en el lugar de trabajo.

Owner of Operations:

Para este trabajo, el dueño de la propiedad a trabajarse es:

(Nombre)

(Dirección)

Adjunte páginas adicionales en caso de que sea necesario.

Las partes acuerdan que los derechos y recursos de los trabajadores enumerados en el Formulario WH-151 quedan incorporados en este acuerdo por referencia, y se adjunta una copia del mismo a éste.

Otras condiciones de trabajo: (Si aplica)

Adjunte páginas adicionales en caso de que sea necesario.

Además, las partes acuerdan que este contrato incluye las disposiciones del Acta de Contratos de Servicios (41 U.S.C. §§351-401), si aplica.

Cuando se utiliza como acuerdo de trabajo, ambas partes firman a continuación:

(Firma del empleador)

(Firma del empleado)

(Nombre del empleador)

(Nombre del empleado)

(Fecha de la firma del empleador)

(Fecha de la firma del empleado)

(Nombre del negocio del empleador)

Notice of Compliance

Oregon law requires labor contractors to maintain a bond or deposit with the Commissioner of the Bureau of Labor and Industries to pay wages and other obligations. Property services contractors may qualify for an exemption to this requirement provided (among other requirements) that they have operated at least two years in compliance with civil right and wage and hour laws.

This contractor: _____
(Name)

_____
(Address)

☐ Is an exempt property services contractor.

☐ Maintains a bond in the amount of _____ Information regarding this bond is as follows:

_____ _____
(Bond Number *(Expiration Date)*

_____ _____
(Name of Bond Agent) *(Telephone # of Bond Agent)*

_____
(Name of Bonding Company)

_____
(Address of Bonding Company)

_____

☐ Maintains a deposit in the amount of _____ with the Commissioner of the Bureau of Labor and Industries.

For more information, contact:

Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-358-3882

If this contractor owes you wages and has not paid, you may make a claim with the Bureau of Labor and Industries or (for contractors which maintain financial security in the form of a bond) the appropriate bonding company.

Aviso de Cumplimiento

La Ley del Estado de Oregon requiere que los contratistas de mano de obra mantengan una fianza o depósito con el Comisionado del Departamento de Trabajo e Industrias (Bureau of Labor and Industries). Contratistas de servicios de limpieza para propiedades pueden calificar para una exención, puesto que (entre otras condiciones) hayan operado durante dos años consecutivos en cumplimiento con la ley de derechos civiles y la ley de salarios y horas.

Este contratista:

_____
(Nombre)

_____
(Dirección)

☐ Es un contratista exento de servicios de limpieza para propiedades

☐ Mantiene una fianza en la cantidad de _____ La información sobre esta fianza sigue:

_____ _____
(No. de la fianza) *(Fecha de vencimiento de la fianza)*

_____ _____
(Nombre del agente de la compañía de fianza) *(No. de teléfono del agente)*

_____
(Nombre de la compañía de fianza)

_____
(Dirección de la compañía de fianza)

☐ Mantiene un depósito en la cantidad de _____ con el Comisionado.

Para mayor información, póngase en contacto con:
Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-358-3882

Si este contratista le debe sueldos y no se los ha pagado, Ud. puede hacer un reclamo con el Departamento de Trabajo e Industrias o (para los contratistas que mantienen una fianza) por vía de la compañía de fianza.

BUREAU of LABOR & INDUSTRIES

Statement of Earnings

Name of employee: _____

Name of employer: _____

Employer business registry or identification number: _____

Employer's address: _____

Employers telephone: _____ Date of statement/payment: _____

Pay period: From: _____ To: _____

Total hours worked in period: _____ Overtime hours: _____

Basis of payment: $ _____ per ☐hour; ☐ piece; ☐ other _____

EARNINGS: _____ X _____ = $ _____
(Total hours, pieces, etc.) *(Rate of pay)*

(List earnings for each payment type separately)

OVERTIME: _____ X _____ = $ _____
(If applicable) *(Overtime hours)* *(Rate)*

TOTAL GROSS WAGES = $ _____

DEDUCTIONS	**AMOUNT**
Federal Tax	$ _____
State Tax	_____
FICA	_____
Medical Insurance, if provided	_____
Dental Insurance, if provided	_____
Other Deductions (specify)	_____

LESS TOTAL DEDUCTIONS - $ _____

TOTAL WAGES PAID (NET PAY) = $ _____

☐ Check here if worker is being paid for work done on Federal Service Contract Act project or other work requiring payment of a prevailing rate of wage, and specify classification and pay rate below:

Employee's work classification: _____ Hourly Rate of Pay: $ _____

This information is available in an alternate format.

Portland • Salem • Eugene
oregon.gov/boli
Help@boli.oregon.gov
971-245-3844
Ore. Relay TTY: 711

BUREAU of LABOR & INDUSTRIES

Declaración de Ingresos

Nombre del empleado: _____

Nombre del empleador: _____

No. de registro u identificación del empleador: _____

Dirección del empleador: _____

Número de teléfono del empleador: _____ Fecha de esta declaración / pago: _____

Periodo de pago: Desde: _____ Hasta: _____

Horas trabajadas en el periodo: _____ Horas a tiempo y medio: _____

Tipo de pago: $ _____ por ☐hora; ☐ pieza; ☐ otro: _____

GANANCIAS: _____ X _____ = $ _____
(No. de horas, piezas, etc.) *(Taza de pago)*
(Aliste ganancias por cada tipo de pago separadamente)

GANANCIAS A TIEMPO Y MEDIO: *(Si aplica)* _____ X _____ = $ _____
(No. de horas extras) *(Taza de pago)*

TOTAL DE GANANCIAS EN BRUTO: = $ _____

DEDUCCIONES	**CANTIDAD**
Impuesto federal	$ _____
Impuesto estatal	_____
FICA	_____
Medical	_____
Beneficios Dentales	_____
Otras Deducciones (Especifique)	_____

MENOS TOTAL DEDUCCIONES - $ _____

TOTAL PAGO NETO (NET PAY) = $ _____

☐ Marque con una "X" aquí si el trabajador recibe pago por trabajo bajo el Acta Federal de Contratos de Servicio o bajo alguna otra ley federal o estatal la cual obliga un salario corriente:

Clasificación del trabajador: _____ Pago Por Hora: $ _____

Property Service Contractor
Employee Counts, Work Locations and Demographic Information

Pursuant to OAR 839-015-0355, property services contractors are required to file information relating to their employee counts, work locations and certain demographic information with the Bureau of Labor and Industries. Labor contractors may use any form for filing this information so long as it contains all the elements of this form (WH-152P).

Pursuant to OAR 839-015-0145 and OAR 839-015-0400, property service contractors must keep records related to subcontracting with another property service contractor. In the work locations section below, include any worksite addresses where a subcontractor is responsible to perform the janitorial services or where you are hired as a subcontractor.

Property services contractors must file this information for **each license year** together with any application for license renewal.

Use a separate form WH-152P or equivalent for each license year.

Contractor Name: _____ Business Name: _____

Contractor License: _____ Business Address: _____

License Year: _____ _____

Building Name (if any)	Worksite Address (Street, City, State and ZIP)	Property Service Contractor that **hired your company** for this site (if any)	Property Service Contractor that **you hired to work** at this site (if any)	Number of **your** employees at this site

(Attach additional sheets if necessary.)

Total number of workers employed to perform janitorial services: _____

Attach a summary of any demographic data that is voluntarily provided by employees relating to race, sex, sexual orientation, national origin, marital status and age.

Check here if no such information has been provided by employees ☐

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Certified Statement of Property Services Contractor Regarding Required Training

I, _____, hereby certify that:

(Printed Name)

1. As required by ORS 658.428 and OAR 839-015-0380, _____, ("property services contractor") provided training of all managers, supervisors and workers engaged in janitorial work, in order to:
   (A) Prevent sexual assault and sexual harassment in the workplace;
   (B) Prevent discrimination in the workplace and promote cultural competency; and
   (C) Educate the workforce regarding protection for employees who report a violation of a state or federal law, rule or regulation; and
2. Property services contractor provided the above training
   (A) At least once during the year in which a property services contractor license is first issued to a property services contractor;
   (B) For new employees, within 90 days of the employee's initial hiring date; and
   (C) At least once every two years after the renewal of a license; and
3. I have attached copies of the curriculum and related materials used to provide the training required by this rule to this statement.

☐ **I am not required to provide the above training during this renewal period.**

Signature _____ Date _____

Printed name _____

Title _____

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