

Apprenticeship Agreement
Office of Apprenticeship Training,
Employer and Labor Services

U.S. Department of Labor
Employment and Training Administration



Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

OMB No. 1205-0223 Expires: 10/31/2003

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provisions of the Privacy Act, as amended. (Privacy Act of 1974) (P.L. 93-579)

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

<p>1. Name (Last, First, Middle) and Address (No., Street, City, State, Zip Code)</p>	<p style="text-align: center;">ANSWER BOTH A AND B (Definitions on reverse)</p> <p>4. a. Ethnic Group (mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>b. Race (mark one or more) <input type="checkbox"/> Am. Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p>	<p>5. Veteran Status (mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran</p> <p>6. Highest education level (mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate</p>
<p>2. Date of Birth (Mo., Day, Yr.)</p>	<p>3. Sex (mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>7. Career Linkage or Direct Entry (mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Youth <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> School-to-Registered Apprenticeship <input type="checkbox"/> Adult <input type="checkbox"/> Job Corps <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Direct Entry:</p>		
<p>8. Signature of Apprentice</p>	<p>Date</p>	<p>9. Signature of Parent/Guardian (if minor)</p>
<p>Date</p>		<p>Date</p>

PART B: TO BE COMPLETED BY SPONSOR.

<p>10. Sponsor Program No. «Department» «AddressBlock»</p>	<p>11a. Trade/Occupation (The work processes listed in the standards are part of this agreement) Child Development Specialist</p>																																			
	<p>11b. Occupation Code 0840</p>	<p>12. Term (Hrs., Mos., Yrs.) 3200-4000 hrs</p>	<p>13. Probationary Period (Hrs., Mos., Yrs.) 500 hrs</p>																																	
	<p>14. Credit for previous experience (Hrs., Mos., Yrs.)</p>	<p>15. Term remaining (Hrs. Mos., Yrs.)</p>	<p>16. Date apprenticeship begins (Indenture date)</p>																																	
<p>17a. Related Instruction (number of hours per year) 150</p>	<p>17b. Apprentice wages for Related Instruction <input type="checkbox"/> Will be paid <input checked="" type="checkbox"/> Will not be paid</p>	<p>17c. Related Training Instruction Source</p>																																		
<p>18. Apprenticeship Wages: (Instructions on reverse)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Period 1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> </tr> </thead> <tbody> <tr> <td>a. Term (Hrs., Mos., Yrs.)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>b. Percent</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>					Period 1	2	3	4	5	6	7	8	9	10	a. Term (Hrs., Mos., Yrs.)											b. Percent										
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<p>18c. Journeyworker's or completion hourly wage \$ _____</p>		<p>18d. Apprentice entry hourly wage \$ _____</p>																																		
<p>19. Signature of Sponsor's Representative(s)</p>		<p>Date Signed</p>																																		
<p>20. Signature of Sponsor's Representative(s)</p>		<p>Date Signed</p>																																		
<p>21. Name and address of sponsor designee to receive complaints (If applicable) «AddressBlock»</p>																																				

PART C.: TO BE COMPLETED BY REGISTRATION AGENCY

<p>22. U.S. Department of Labor Bureau of Apprenticeship and Training Clarksburg Federal Center - Room 130 320 West Pike Street Clarksburg, West Virginia 26301</p>	<p>23. Signature (Registration agency)</p>	<p>24. Date registered</p>
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25. Apprentice Identification Number (Definition on reverse):