

Ohio Department of Job and Family Services
APPRENTICESHIP AGREEMENT

By authority of the Ohio State Apprenticeship Council in cooperation with the US Department of Labor, Office of Apprenticeship

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 of 1974. (P.P.93-579)

The under-signed sponsor and apprentice hereby agree to the terms stated by this form and inscribed therein, and to the terms of the standards and work process schedule of the related registered program. In accordance with the equal opportunity provisions of 29 CFR Part 30.3, Executive Order 11246, and the apprenticeship rules of the State of Ohio (OAC 5101:11), the sponsor will not discriminate in the selection and training of the apprentice. This agreement may be terminated by either party that cites cause and notifies the Registration Agency in compliance with 29 CFR Part 29.6 and OAC 5101:11.

Part A: To be completed by apprentice. (Note to Sponsor: Part A should only be filled out by the apprentice.)

1. Apprentice identification (please print clearly) Name of apprentice (first, middle, last) Address (street address, town, state, zip code) Phone number E-mail address		4. Equal Opportunity Information a. Race (mark one) <input type="checkbox"/> Am. Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White b. Ethnic Group <input type="checkbox"/> of Hispanic or Latino origin <input type="checkbox"/> not of Hispanic or Latino origin		5. Veteran status <input type="checkbox"/> Vietnam era veteran (8/15/64-5/7/75) <input type="checkbox"/> other veteran <input type="checkbox"/> non-veteran C# _____ 6. Highest education level attained <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th through 11th grade <input type="checkbox"/> GED <input type="checkbox"/> high school graduation	
2. Date of birth (mo/day/yr)		3. Sex <input type="checkbox"/> male <input type="checkbox"/> female		7. Was indenture arranged under a school-to-apprenticeship agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Signature of apprentice _____			9. Signature of parent or guardian (if applicable) _____		
Date _____			Date _____		

Part B: To be completed by sponsor (Note to Sponsor: When Parts A & B are complete, please return this form to your area ASP or ATR.)

10. Occupation a. Occupation title b. RAIS/RAPIDS code #		11. Date apprenticeship begins (indenture date) 12. Probationary period -- specific number of hours					
13. Normal term of program -- specific number of hours a. on-the-job training (OJT) _____ b. related technical instruction (RTI) _____		14. Prior training credit for this apprentice -- specific number of hours OJT _____ RTI _____		15. Time remaining in program for this apprentice -- specific number of hours OJT _____ RTI _____			
16. Related technical instruction (RTI) -- a. Provider name		b. Provider type <input type="checkbox"/> sponsor <input type="checkbox"/> VoEd <input type="checkbox"/> other		c. RTI method <input type="checkbox"/> class <input type="checkbox"/> shop <input type="checkbox"/> correspondence		e. During RTI, wages <input type="checkbox"/> will be paid <input type="checkbox"/> will not be paid	
17. Apprentice wages: In sections a. through c., please list the <u>standard</u> schedule of pay, showing wage levels at each period of training. Period : 1 2 3 4 5 6 7 8 9 10							
a. Length of period (specific # of hours)							
b. Apprentice wage: dollars <u>or</u> % of journey wage							
c. The standard journey-person wage for the work location(s) involved is \$ _____ per hour, as of this date: _____.		18. This apprentice's starting wage in the program (based on advancement period in which he/she starts, if credit is awarded) is \$ _____ per hour.			19. This apprentice's wage just prior to starting the program, if known, was \$ _____ per hour.		
20. Sponsor identification Name of organization Program ID # Address (street address, town, state, zip code)				21. Contact information for sponsor's designee to receive complaints Name Title Phone #			
22. Signature of Joint Apprenticeship Cmte. representative (if any) _____				23. Signature of authorized sponsor representative _____			
Date _____				Date _____			

Part C: To be completed by Registration Agency

Confirmation of approval by the Ohio State Apprenticeship Council:

New Apprentice Number
