

**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.)

<p>1. Apprentice identification (<i>please print clearly</i>)</p> <p>Name of apprentice (<i>first, middle, last</i>)</p> <hr/> <p>Address (<i>street address, city, state, zip code</i>)</p> <hr/> <p>Phone number E-mail address</p>		<p>4. Equal Opportunity Information</p> <p>a. Race (mark one)</p> <p><input type="checkbox"/> Am. Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Do not wish to answer</p> <p>b. Ethnic Group</p> <p><input type="checkbox"/> of Hispanic or Latino origin</p> <p><input type="checkbox"/> not of Hispanic or Latino origin</p> <p><input type="checkbox"/> Do not wish to answer</p>		<p>5. Veteran status</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Non Veteran</p>	
<p>2. Date of birth (<i>mo/day/yr</i>)</p>		<p>3. Sex</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>		<p>6. Highest education level attained</p> <p><input type="checkbox"/> 8th grade or less</p> <p><input type="checkbox"/> 9th through 12th grade</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> High school or Greater</p> <p><input type="checkbox"/> Post Secondary or Technical Training</p>	
<p>7. Was indenture arranged under a recognized pre-apprenticeship agreement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>8. Signature of apprentice</p> <p style="text-align: right;">Date</p>		<p>9. Signature of parent or guardian (if applicable)</p> <p style="text-align: right;">Date</p>	

Part B: To be completed by sponsor (Note to Sponsor: When Parts A & B are complete, **please retain this form internally for five (5) years.**)

<p>10. Occupation</p> <p>a. Occupation title</p> <hr/> <p>b. RAPIDS code #</p>				<p>11. Date apprenticeship begins</p>																									
<p>13. Normal term of program -- specific number of hours</p> <p>a. on-the-job training (OJT) _____</p> <p>b. related instruction (RI) _____</p>			<p>14. Prior training credit for this apprentice -- specific number of hours</p> <p>OJT _____ RI _____</p>			<p>15. Time remaining in program for this apprentice -- specific number of hours</p> <p>OJT _____ RI _____</p>																							
<p>16. Related instruction (RI) -- a. Provider name</p>		<p>b. Provider type</p> <p><input type="checkbox"/> sponsor</p> <p><input type="checkbox"/> USO <input type="checkbox"/> other</p>		<p>c. RI method</p> <p><input type="checkbox"/> class <input type="checkbox"/> shop</p> <p><input type="checkbox"/> correspondence</p>		<p>e. During RI, wages</p> <p><input type="checkbox"/> will be paid</p> <p><input type="checkbox"/> will not be paid</p>																							
<p>17. Apprentice wages: In sections a. through c., please list the standard schedule of pay, showing wage levels at each period of training.</p> <p style="text-align: center;">Period : 1 2 3 4 5 6 7 8 9 10</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; vertical-align: top;"> <p>a. Length of period (specific # of hours)</p> </td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;"> <p>b. Apprentice wage: dollars <u>or</u> % of journey wage</p> </td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>								<p>a. Length of period (specific # of hours)</p>											<p>b. Apprentice wage: dollars <u>or</u> % of journey wage</p>										
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<p>c. The program completion wage is \$ _____ per hour, as of this date: _____</p>			<p>18. <u>This apprentice's</u> starting wage in the program (based on advancement period in which he/she starts, if credit is awarded) is \$ _____ per hour.</p>			<p>19. This apprentice's wage just <u>prior</u> to starting the program, if known, was \$ _____ per hour.</p>																							
<p>20. Sponsor identification</p> <p>Name of organization RAPIDS Program ID #</p> <hr/> <p>Address (<i>street address, city, state, zip code</i>)</p>				<p>21. Contact information for sponsor's designee to receive complaints</p> <p>Name</p> <hr/> <p>Title Phone #</p>																									
<p>22. Signature of Joint Apprenticeship Cmte. representative (if any)</p> <p style="text-align: right;">Date</p>				<p>23. Signature of authorized sponsor representative</p> <p style="text-align: right;">Date</p>																									

Part C: To be completed by Registration Agency

<p>New RAPIDS Apprentice Number</p>
