Reset Form

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

2. Date of birth *(mo/day/yr)*

3. Sex ☐ male ☐ female

4. Equal Opportunity Information

a. Race (mark one)
- ☐ Am. Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ White

b. Ethnic Group
- ☐ of Hispanic or Latino origin
- ☐ not of Hispanic or Latino origin

5. Veteran status
- ☐ Vietnam era veteran (8/15/64-5/7/75)
- ☐ other veteran
- ☐ non-veteran

C# _____

6. Highest education level attained
- ☐ 8th grade or less
- ☐ 9th through 11th grade
- ☐ GED
- ☐ high school graduation

7. Was indenture arranged under a school-to-apprenticeship agreement? ☐ Yes ☐ No

8. Signature of apprentice Date

9. Signature of parent or guardian (if applicable) 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: Heating & Air Cond INST - Serv

b. RAIS/RAPIDS code #: 0637

11. Date apprenticeship begins *(indenture date)*

12. Probationary period -- specific number of **hours**: 1000

13. Normal term of program -- specific number of **hours**
a. on-the-job training (OJT) 8000
b. related technical instruction (RTI) 576

14. Prior training credit for this apprentice -- specific number of **hours**
OJ T _____ RTI _____

15. Time remaining in program for this apprentice -- specific number of **hours**
OJ T _____ RTI _____

16. Related technical instruction (RTI) -- a. Provider name

b. Provider type ☐ sponsor ☐ VoEd ☐ other

c. RTI method ☐ class ☐ shop ☐ correspondence

e. During RTI, wages ☐ will be paid ☐ will not be paid

17. Apprentice wages: In sections a. through c., please list the **standard** 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**)	0-1000	01-2000	01-3000	01-4000	01-5000	01-6000	01-7000	01-8000		
b. Apprentice wage: dollars or % of journey wage	57%	62%	67%	72%	77%	82%	87%	94%		

c. The standard journey-person wage for the work location(s) involved is $ 17.00 per hour, as of this date: N/A .

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 $ N/A per hour.

20. Sponsor identification

Name of organization: OVABC

Program ID #: OH010750002

Address *(street address, **town**, state, zip code)*: 33 Greenwood Lane Springboro, OH 45066

21. Contact information for sponsor's designee to receive complaints

Name: Wendy Clouser

Title: VP of Education Operations

Phone #: (937) 521-1580

22. Signature of Joint Apprenticeship Cmte. representative (if any) Date

23. Signature of authorized sponsor representative Date

Part C: To be completed by Registration Agency

Confirmation of approval by the Ohio State Apprenticeship Council:

New Apprentice Number