

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 <i>(please print clearly)</i> | | 4. Equal Opportunity Information | | 5. Veteran status | |
| Name of apprentice <i>(first, middle, last)</i> | | a. Race (mark one) | | <input type="checkbox"/> Vietnam era veteran (8/15/64-5/7/75) | |
| Address <i>(street address, town, state, zip code)</i> | | <input type="checkbox"/> Am. Indian or Alaskan Native | | <input type="checkbox"/> other veteran | |
| Phone number | | <input type="checkbox"/> Asian or Pacific Islander | | <input type="checkbox"/> non-veteran | |
| E-mail address | | <input type="checkbox"/> Black | | C# _____ | |
| | | <input type="checkbox"/> White | | 6. Highest education level attained | |
| 2. Date of birth <i>(mo/day/yr)</i> | | b. Ethnic Group | | <input type="checkbox"/> 8th grade or less | |
| 3. Sex | | <input type="checkbox"/> of Hispanic or Latino origin | | <input type="checkbox"/> 9th through 11th grade | |
| <input type="checkbox"/> male <input type="checkbox"/> female | | <input type="checkbox"/> not of Hispanic or Latino origin | | <input type="checkbox"/> GED | |
| | | | | <input type="checkbox"/> high school graduation | |
| 8. Signature of apprentice | | Date | | 7. Was indenture arranged under a school-to-apprenticeship agreement? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 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 | | 11. Date apprenticeship begins <i>(indenture date)</i> | | | |
| a. Occupation title | | | | | |
| b. RAIS/RAPIDS code # | | 12. Probationary period -- specific number of hours | | | |
| 13. Normal term of program -- specific number of hours | | 14. Prior training credit for this apprentice -- specific number of hours | | 15. Time remaining in program for this apprentice -- specific number of hours | |
| a. on-the-job training (OJT) _____ | | OJ T _____ RTI _____ | | OJ T _____ RTI _____ | |
| b. related technical instruction (RTI) _____ | | | | | |
| 16. Related technical instruction (RTI) -- a. Provider name | | b. Provider type | c. RTI method | e. During RTI, wages | |
| | | <input type="checkbox"/> sponsor | <input type="checkbox"/> class <input type="checkbox"/> shop | <input type="checkbox"/> will be paid | |
| | | <input type="checkbox"/> VoEd <input type="checkbox"/> other | <input type="checkbox"/> correspondence | <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 or % of journey wage | | | | | |
| c. The standard journey-person wage for the work location(s) involved is \$ _____ per hour, as of this date: _____ | | 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. | | 19. This apprentice's wage just prior to starting the program, if known, was \$ _____ per hour. | |
| 20. Sponsor identification | | | 21. Contact information for sponsor's designee to receive complaints | | |
| Name of organization | | Program ID # | Name | | |
| Address <i>(street address, town, state, zip code)</i> | | | 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:

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| New Apprentice Number |
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