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| Apprenticeship Agreement | | | | | Kansas DEPARTMENT of commerce REGISTERED APPRENTICESHIP PROGRAM | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document date: 09/13/12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: 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 certificates must be obtained from State Apprenticeship Agency shown below (Item 29). Submission of your social security number is voluntary and failure to disclose it here will not affect your right to be registered as an apprentice. | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name (Last, First, Middle): | | | | | | | | | | | | | | 3. a. Race (Mark one or more):  Am. Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Two or more races | | | | | | | | | | b. Ethnic Group:  Hispanic or Latino  Not Hispanic or Latino | | | | | | |
| 2. Address (No., Street, City, State, Zip Code): | | | | | | | | | | | | | |
| 4. Date of Birth (Mo., Day, Year): | | | | | | | | | 5. Social Security Number: | | | | | | | | | | | 6. Sex:  Male Female | | | | | | | | | | |
| 7. Educational Level:  8th grade or less  9th to 12th grade  High School Diploma  GED  Post Secondary or  Technical Training  Other: | | | 8. Veteran Status:  Veteran  Non-Veteran | | | | | | | 9. a. WIA Participant: Yes  No  TAA Participant:  Yes  No | | | | | b. Type:  Incumbent Worker  Adult  Youth  Dislocated Worker  c. Career Linkage or Direct Entry (Mark One):  None  Job Corps  HUD/STEP-UP  School-to-Registered Apprenticeship  Direct Entry: ­ | | | | | | | | | | 10. On-the-Job Training Funding Sources: | | | | | |
| 11. Signature of Apprentice: Date: | | | | | | | | | | | | | | 12. Signature of Parent/Guardian (if minor): Date: | | | | | | | | | | | | | | | | |
| **PART B: TO BE COMPLETED BY SPONSOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Sponsor Program Number: | | | | | | | | | | | 14. Occupation (The work process listed in the standards are part of this agreement): | | | | | | | | | | | | | | | | | | | |
| 15. a. Sponsor Name and Address (No., Street, City, County, State, Zip Code): | | | | | | | | | | | 16. O\*NET CODE: | | | | | | | | 17. Term  (Hrs., Mos., Yrs.): | | | | | | | | 18. Probationary Period  (Hrs., Mos., Yrs.): | | | |
| 19. Credit for Previous  Experience: | | | | | | | | 20. Term Remaining  (Hrs., Mos., Yrs.): | | | | | | | | 21. Date Apprenticeship  Begins: | | | |
| 22. Hours of Related Technical Instruction: | | | | | | 23. Apprentice Wages for Related Instruction:  Will be paid  Will NOT be paid | | | | | | | | | | | 24. a. Related Training Instruction Source: | | | | | | | | | b. Funding Source(s): | | | | |
| 25. Wages  a. This apprentice’s wages just prior to starting the program, if known, was $      per hour | | | | | | | | b. This apprentice’s starting wages in the program (based on advancement period in which he/she start, if credit is awarded is $      per hour | | | | | | | | | | c. The standard journeyworker wage for the occupation is $       per hour, as of this date: | | | | | | | | | | | | |
| 26. a. Term: | Period 1 | 2 | | 3 | | | 4 | | | 5 | 6 | | 7 | | | 8 | | | 9 | | 10 | | 11 | | | | 12 | | 13 | 14 |
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| b. Wage Rate:  % or $ |  |  | |  | | |  | | |  |  | |  | | |  | | |  | |  | |  | | | |  | |  |  |
| 27. Signature of Sponsor’s Representative (s) Date | | | | | | | | | | | | | | 28. Name and Address of Sponsor Designee to Receive Complaints  (if applicable): | | | | | | | | | | | | | | | | |
| 29. Typed Name of Sponsor’s Representative (s) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART C: TO BE COMPLETED BY STATE REGISTRATION AGENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. State Apprenticeship Agency:  KS Department of Commerce  Registered Apprenticeship Program  1000 S.W. Jackson Street, Suite 100  Topeka, Kansas 66612  785-296-4161 | | | | | | | | 30. Signature: | | | | | | | | | | | | | | 31. Date  Registered: | | | | | | 32. Apprentice  Identification Number: | | |