

Apprenticeship Agreement

**KANSAS DEPARTMENT OF COMMERCE
REGISTERED APPRENTICESHIP PROGRAM**

Document Date:

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 (Typed information is preferred) NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

1. Name (Last, First, Middle): 2. Address (No., Street, City, State, Zip Code):		3. a. Race (Mark one or more): <input type="checkbox"/> Am. Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races b. Ethnic Group: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
4. Date of Birth (Mo., Day, Year):	5. Social Security Number:	6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Educational Level: <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th to 12 th grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary or Technical Training <input type="checkbox"/> Other: _____	8. Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran 9. Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	10. a. WIOA Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No TAA Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Type: <input type="checkbox"/> Incumbent Worker <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Dislocated Worker c. Career Linkage or Direct Entry (Mark One): <input type="checkbox"/> None <input type="checkbox"/> Job Corps <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> School-to-Registered Apprenticeship <input type="checkbox"/> Direct Entry: _____	11. On-the-Job Training Funding Sources:
12. Signature of Apprentice: _____ <div style="text-align: right;">Date: _____</div>		13. Signature of Parent/Guardian (if minor): _____ <div style="text-align: right;">Date: _____</div>		

PART B: TO BE COMPLETED BY SPONSOR (typed information is preferred)

14. Sponsor Program Number:	15. Occupation (The work process listed in the standards are part of this agreement):																																													
16. Sponsor Name, Address (No., Street, City, County, State, Zip Code) Phone Number and email address:	17. O*NET CODE:	18. Term Required (Hrs., Mos., Yrs.): Hrs.	19. Probationary Period (Hrs., Mos., Yrs.): Hrs.																																											
	20. Credit for Previous Experience: Hrs.	21. Term Remaining (Hrs., Mos., Yrs.): Hrs.	22. Date Apprenticeship Begins:																																											
23. Hours of Related Technical Instruction:	24. Apprentice Wages for Related Instruction: <input type="checkbox"/> Will be paid <input type="checkbox"/> Will NOT be paid	25. a. Related Training Instruction Source: b. Funding Source(s):																																												
26. 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 they start, if credit is awarded is \$ _____ per hour		c. The standard journey worker wage for the occupation is \$ _____ per hour, as of this date:																																											
27. a. Term: Traditional <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">Period</td> <td style="width:10%;">1</td> <td style="width:10%;">2</td> <td style="width:10%;">3</td> <td style="width:10%;">4</td> <td style="width:10%;">5</td> <td style="width:10%;">6</td> <td style="width:10%;">7</td> <td style="width:10%;">8</td> <td style="width:10%;">9</td> <td style="width:10%;">10</td> <td style="width:10%;">11</td> <td style="width:10%;">12</td> <td style="width:10%;">13</td> <td style="width:10%;">14</td> </tr> <tr> <td style="text-align: left;">Hrs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Period	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Hrs.																													
	Period	1	2	3	4	5	6	7	8	9	10	11	12	13	14																															
Hrs.																																														
b. Wage Rate: % <input type="checkbox"/> or \$ <input type="checkbox"/>																																														
28. Signature of Sponsor's Representative (s) _____ <div style="text-align: right;">Date _____</div>							29. Name and Address of Sponsor Designee to Receive Complaints (if applicable):																																							
30. Typed Name of Sponsor's Representative (s)																																														

PART C: TO BE COMPLETED BY STATE REGISTRATION AGENCY

29. State Apprenticeship Agency: <small>KS Department of Commerce Registered Apprenticeship Program 1000 S.W. Jackson Street, Suite 100 Topeka, Kansas 66612 785-296-4161</small>	30. Program Manager Signature:	31. Date Registered:	32. Apprentice Identification Number:
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