

Ohio Department of Job and Family Services APPRENTICESHIP AGREEMENT

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.

1. Apprentice identification (<i>please print clearly</i>) Name of apprentice (<i>first, middle, last</i>) Address (<i>street address, city, state, zip code</i>) Phone number E-mail address		4. Equal Opportunity Information a. Race (<i>mark one</i>) ☐ Am. Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Do not wish to answer b. Ethnic Group ☐ of Hispanic or Latino origin ☐ not of Hispanic or Latino origin ☐ Do not wish to answer		5. Veteran status ☐ Veteran ☐ Non Veteran 6. Highest education level attained ☐ 8th grade or less ☐ 9th through 12th grade ☐ GED ☐ High school or Greater ☐ Post Secondary or Technical Training			
2. Date of birth (<i>mo/day/yr</i>)		3. Sex ☐ Male ☐ Female		7. Have you completed a Pre-Apprenticeship Program? ☐ Yes ☐ No If yes, where did you complete your Pre-Apprenticeship: Name: Address:			
8. Signature of apprentice		Date		9. Signature of parent or guardian (<i>if applicable</i>)		Date	

10. Occupation a. Occupation title			11. a. Date apprenticeship begins								
b. RAPIDS code #			b. Reinstatement date (if applicable)								
13. <u>Normal term</u> of program -- specific number of hours a. on-the-job training (OJT) _____ b. related instruction (RI) _____			14. Prior training <u>credit</u> for this apprentice -- specific number of hours OJT _____ RI _____		15. <u>Time remaining</u> in program for this apprentice -- specific number of hours OJT _____ RI _____						
16. Related instruction (RI) -- a. Provider name		b. Provider type ☐ sponsor ☐ USO ☐ other		c. RI method ☐ class ☐ shop ☐ correspondence	e. During RI, wages ☐ will be paid ☐ 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 <u>or</u> % of journey wage											
c. The program completion wage is \$ _____ per hour, as of this date: _____.		18. This <u>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 <u>prior</u> 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		RAPIDS Program ID #		Name							
Address (street address, city, state, zip code)				Title		Phone #					
22. Signature of Joint Apprenticeship Cmte. representative (if any)				Date		23. Signature of authorized sponsor representative		Date			

New RAPIDS Apprentice Number