



INTENT TO HIRE

Sponsor Program # OH008060007
PHCC Ohio / ACCO Apprenticeship Program

TO

Apprenticeship and Training Committee

FROM

Recipient may be updated when needed

APPRENTICE AND EMPLOYMENT

APPRENTICE NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH

FIRST DAY OF WORK

DATE OF HIRE

Apprenticeship begins on the date the apprentice signs the Apprenticeship Agreement. An apprentice transferring from another program must provide verification of completed grade level and on-the-job training hours.

HIRING COMPANY

COMPANY NAME

PRINCIPAL

STREET ADDRESS

CITY

STATE

ZIP CODE

COMPANY PHONE

COMPANY EMAIL

APPRENTICESHIP CONTACT

Employer contact for OJT reporting, attendance, grades, wage requirements, and apprentice matters

CONTACT NAME

PHONE

EMAIL

EMPLOYER AUTHORIZATION

AUTHORIZED SIGNATURE

TITLE

DATE

Completed form becomes part of the official apprentice file and may be reviewed by the U.S. Department of Labor, applicable State of Ohio agencies, and the Ohio State Apprenticeship Council.