



Apprenticeship Agreement

Rhode Island Department of Labor and Training



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. This agreement may be terminated by either of the parties, citing cause(s), with notification to the DLT Apprenticeship Office, in compliance with Title 29, CFR, Part 29

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.

1 Name (Last, First, Middle) Address (No., Street, City, State, Zip Code) Email Telephone Number *Social Security Number	Answer Both A and B (Voluntary) 4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska 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	5. Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran 6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> High School Equivalency (GED) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post-Secondary or Technical Training
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee 7b. Career Connection (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> netWORKri Referral <input type="checkbox"/> School-to-Registered Apprenticeship		
8. Signature of Apprentice _____ Date _____		9. Signature of Parent/Guardian (if minor) _____ Date _____

PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.

1. Sponsor Program No. Sponsor Name, Address, Email	2a Occupation 3. Occupation Training Approach (Mark one) 3a. <input type="checkbox"/> Time-Based 3b. <input type="checkbox"/> Competency-Based 3c. <input type="checkbox"/> Hybrid	2b Occupation Code: 2b.1. Interim Credentials <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Term (Hrs., Mos., Yrs.) 5. Probationary Period (Hrs., Mos., Yrs.)																																	
6a. Credit for Previous Education (RTI Hours) Retain transcripts in the apprentice's file.	6b. Credit for Previous Experience OJL Hours	7. Term Remaining (Hrs., Mos., Yrs.)																																	
8. Date Apprenticeship Begins																																			
9a. Related Instruction At Least 144 of Hours Per Year	9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	9c. Related Training Instruction Source																																	
10. Wages: 10a. Pre-Apprenticeship Hourly Wage \$ _____ 10b. Apprentice's Entry Hourly Wage \$ _____ 10c. Journeyworker's Hourly Wage \$ _____																																			
Check Box <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>Period</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> </tr> <tr> <td>10d. Term</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/></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	10d. Term											10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>										
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11. Signature of Sponsor's Representative(s) _____ Date Signed _____		13. Name and Contact Information for Sponsor Designee to Receive Complaints																																	
12. Signature of Sponsor's Representative(s) _____ Date Signed _____																																			

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

11. Rhode Island DLT, Apprenticeship Office 1151 Pontiac Ave. Bldg. 70, PO Box 20247, Cranston, RI 02920	2. Signature (Registration Agency) _____	3. Date Registered _____
4. Apprentice Identification Number (Definition on reverse): _____ SAA Apprenticeship Number _____		