

Apprenticeship Agreement



The sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. Apprentice registration expires on the date printed on the Apprenticeship Card. The sponsor will not discriminate in the selection and training of the apprentice (29 CFR 30). This agreement may be terminated by either party, citing cause(s), with notification to the DLT Apprenticeship Office, in compliance with 29 CF 29.

PART A: TO BE COMPLETED BY APPRENTICE ← APPRENTICE

First and Middle Name		Last name	Suffix
Email	Telephone	Mailing Address	

PART B. TO BE COMPLETED BY SPONSOR FOR EACH APPRENTICE

Employer (If different from sponsor)		Apprentice's Entry Hourly Wage \$	Date Apprenticeship Begins
Credit for Previous Education (RTI Hours)	Advanced Placement for Previous Work Experience (OJL Hours)	Term Remaining (OJL Hrs.)	

PART C. ITEMS FROM PROGRAM STANDARDS

Sponsor Program Number	Occupation			Interim Credential Yes No
	Sponsor Name, Address, Email			Instruction Provider
	Apprentice Pays Course Costs Yes No			
	Instruction (Hrs)	Term (OJL Hrs)	Probationary Period (Hrs)	Ratio. Apprentices: Mentors
Sponsor Designee to Receive Complaints	Apprentice Wages for Related Instruction Will be paid Will not be paid Paid and not paid		Instruction Provided During work hours Not during work hours Both during & not during	Requirements Time-based Competency Hybrid

WAGE PROGRESSION SCHEDULE

Periods	Entry	2	3	4	5	6	7	8	Completion
Milestones									
Wage \$ %									

PART D. SIGNATURES

The undersigned apprentice and sponsor have read and agree to the terms of this Apprenticeship Agreement.

Signature of Apprentice	Date	Signature of Parent/Guardian (if minor)	Date
Signature of Sponsor's Representative(s)	Date	Signature of Sponsor's Representative(s)	Date

TO BE COMPLETED BY THE REGISTRATION AGENCY – DLT APPRENTICESHIP OFFICE

Rhode Island DLT, Apprenticeship Office 1511 Pontiac Ave. Bldg. 70, PO Box 20247, Cranston, RI 02920		Signature (Registration Agency)			Date Registered
Apprentice ID Number (from RAPIDS)	Cancel Date	Interim Credential	Completion Date	Expected Completion Date	
Agreement complete	Matches Standards	Approved in RAPIDS	Scanned to file	Grant Report	

Apprentice must also complete page 2.

REGISTRATION INSTRUCTIONS

1. Complete both pages
2. Apprentice and Sponsor sign (Part D)
3. The sponsor enters apprentice in RAPIDS and uploads a copy of signed document (both pages)
4. The Apprentice and Sponsor should keep a copy of the Agreement (p1).
5. If the apprentice pays for classes or tools, they may contact Lori.Turchetta@dlt.ri.gov to learn about financial aid.

E. TO BE COMPLETED BY APPRENTICE APPRENTICE



Date of Birth (Month/Day/Year)	Have you been a Registered Apprentice before? Yes No	Social Security Number
Employment Status with Employer Is this apprenticeship a new job for you? Yes (New employee) No (Employee before applying for apprenticeship)	Employment Status Prior to Apprenticeship (Mark one) Employed Underemployed Unemployed 27 weeks or more Unemployed (less than 27 weeks)	Career Connection None Pre-Apprenticeship Job Corps YouthBuild netWORKri / Job Center Referral High School-to-Apprenticeship
Sex (Mark one) Male Female Choose not to identify	Veteran Status (Mark one) Non-Veteran Veteran	Disability: Do you have a disability as defined in the Americans with Disabilities Act? (Voluntary) Yes No
Ethnic Group (Mark one) voluntary Hispanic or Latino Not Hispanic or Latino	Education Level (Mark highest one) 8th grade or less 9th to 12th grade High School Equivalency (GED) High School Graduate 1 Year or More Higher Education, No Degree or Certificate License or Non-Degree Certificate Associate's Degree Bachelor's Degree or Equivalent Advanced Degree Beyond Bachelor's	
Race (Mark one or more) voluntary American Indian or Alaska native Asian Black or African American Native Hawaiian or other Pacific Islander White		
Earnings in 12 mo. period prior to Apprenticeship <input type="checkbox"/> \$0 <input type="checkbox"/> \$1 to \$9,999 <input type="checkbox"/> \$10,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$49,999 <input type="checkbox"/> \$50,000 or over	Weeks worked in 12 month period prior to Apprenticeship _____ (1 Year = 52 weeks)	Occupation of Most Recent Employment: Please provide a job title and/or short description of the occupation in which you have been most recently employed If you have held multiple recent jobs, please indicate the occupation in which you earned the highest gross pay.

SPONSOR'S EQUAL OPPORTUNITY PLEDGE. *The sponsor will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy), gender identity or expression, sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under 29 CFR § 30.*