

INFORMATION CARD FOR APPRENTICESHIP AGREEMENT

<p>APPRENTICE INFORMATION</p> <p>Name _____</p> <p>Birthdate ____/____/____</p> <p>Social Security # _____ - ____ - ____</p> <p>Cell Phone _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>E-Mail _____</p>	<p>Ethnic Group (Mark One)</p> <p>Hispanic or Latino Not Hispanic or Latino</p> <p>Race (Mark one or more)</p> <p>American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White</p> <p>Highest Education Level (Check One)</p> <p>8th Grade or Less HISET 9th to 12th Grade High School Graduate Post-Secondary or Technical Training</p>	<p>Veteran Status (Mark One)</p> <p>Veteran Non-Veteran</p> <p>Sex (Mark One)</p> <p>Male Female</p>
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EMPLOYER INFORMATION Phone _____ Cell Phone _____ Fax _____

Employer _____ Address _____

City _____ State _____ Zip _____ E-Mail _____

PROGRAM # _____ J.A.T.C. _____

OCCUPATION	O*NET S.O.C. Code	Type of Apprenticeship: Time Based _____ Hybrid _____ Competency Based _____	Probationary
		Term: _____ Hours _____ Years	Period First 1000

*APPROVED CREDIT	Expected Completion Date	Date Apprenticeship Begins
	(Month/Year) _____	Hours _____

RELATED INSTRUCTION HOURS
NOT LESS THAN 144 PER YEAR

*Type of Credit: _____ Current Employer _____ Military Experience _____ Competency
 _____ Previous Employer _____ Post-Secondary _____ Other:

JOURNEYMAN WAGE RATE: \$ _____ **STARTING WAGE:** \$ _____ **ENDING WAGE:** \$ _____

NOTE: DUE TO FEDERAL REPORTING REQUIREMENTS, BOTH THE APPRENTICES' STARTING WAGE AND ENDING WAGE MUST BE PROVIDED BY UTILIZING CURRENT CBA OR APPRENTICESHIP STANDARDS WAGE PROGRESSION FORMULA.

<p>TYPE OF PROGRAM:</p> <p>Provisional Continued Provisional Full Recognition Cancelled/De-registered</p>	<p>PROGRAM SPECIFICS:</p> <p>5 or More Apprentices Program Transfer Interim Credential Utilized</p>
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For NEW apprenticeship Sponsors:

FEIN (Federal Employer Identification Number): _____

UI (Unemployment Insurance) Identification Number: _____

EEO Compliance Requirements: A. Records concerning impact. Each user should maintain and have available for inspection records or other information which will disclose the impact which its tests and other selection procedures have upon employment opportunities of persons by identifiable race, sex, or ethnic group as set forth in subparagraph B of this section in order to determine compliance with these guidelines. Where there are large numbers of applicants and procedures are administered frequently, such information may be retained on a sample basis, provided that the sample is appropriate in terms of the applicant population and adequate in size. B. Applicable race, sex, and ethnic groups for recordkeeping. The records called for by this section are to be maintained by sex, and the following races and ethnic groups: Blacks (Negroes), American Indians (including Alaskan Natives), Asians (including Pacific Islanders), Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race), whites (Caucasians) other than Hispanic, and totals. The race, sex, and ethnic classifications called for by this section are consistent with the Equal Employment Opportunity Standard Form 100, Employer Information Report EEO1 series of reports. The user should adopt safeguards to insure that the records required by this paragraph are used for appropriate purposes such as determining adverse impact, or (where required) for developing and monitoring affirmative action programs, and that such records are not used improperly. Social Security number (Provided Voluntarily).