



Florida Department of Education

Division of Career and Adult Education - Apprenticeship

To Be Completed by Dept. of Education)

[] **Canceled**

Date: ___ / ___ / ___ By: ___

[] **Completion Date**

Date: ___ / ___ / ___ By: ___

Apprentice I.D. #: _____

Program Sponsor #: _____

APPRENTICESHIP AGREEMENT: Between the Apprentice and the Apprenticeship Program Sponsor

THIS AGREEMENT, entered into this _____ day of _____, _____ between the parties to

_____ represented as the

(Name of Local Program Sponsor's Registered Apprenticeship Standards)

Apprenticeship Sponsor and _____

hereinafter referred to as the

(PRINT: Full Legal Name of Apprentice)

APPRENTICE, and (if a minor) _____

hereinafter referred to as his/her GUARDIAN.

(PRINT: Parent or Guardian Name for Minors ONLY)

WITNESSETH THAT: The Program Sponsor agrees to be responsible for the selection, placement and training of said apprentice, as work is available, and in consideration said apprentice agrees diligently and faithfully to perform the work of said trade during the period of apprenticeship, in accordance with the registered standards of the Program Sponsor. The apprenticeship standards referred to herein are hereby incorporated in and made a part of this agreement. This agreement may be terminated by mutual consent of the signatory parties, only upon proper notification to the Registration Agency.

Warning: This Apprenticeship Agreement does not constitute an Apprentice Certification under Title 29, CFR, Part 5 for the employment of the Apprentice on Federally financed or assisted construction projects. Current Apprentice Certifications must be obtained from the Registration Agency's Servicing Representative.	Trade:	
	O*Net SOC Code:	RAPIDS Code:
	Term:	Probationary Period:
	Credit for Previous Experience:	Term Remaining:

Participating Employer: _____

Starting Wage: _____

I, the above named APPRENTICE, with full knowledge of the provisions and my rights thereunder, do hereby expressly waive my rights under 20 USCA S1232g(b) which provides that a student's permission (or the permission of his/her guardian, if the student is under 18 years of age) is necessary before an educational agency or institution may disclose the student's education records to any source outside the school system. Permission to disclose my records (or my child's records) is specifically restricted to the disclosure of grades and attendance records to the Registration Agency for the purpose of evaluating my progress as an apprentice and further administering of the Florida Apprenticeship Program provided for under Chapter 446, Florida Statutes.

SIGN IN BLUE INK (Legal Signature of Apprentice)

(Street Address)

(City) (State) (Zip Code)

(If a Minor - Parent or Guardian Signature)

SIGN IN BLUE INK (Signature Representing Program Sponsor)

(Title)

(Mailing Address of Program Sponsor)

(City) (State) (Zip Code)

TO BE COMPLETED BY APPRENTICE (Please check or fill in items as appropriate) (* Indicates a REQUIRED FIELD) Remaining Fields are VOLUNTARY

1. Social Security Number (only used for training record identification)	* 2. Date of Birth (xx/xx/xx) Month Day Year	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnic Group (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	5. Race (optional) <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
6. Mark Highest Grade of Schooling Completed <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> High School Equivalency	7. Veteran (optional) <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	8. Career Connection (optional) <input type="checkbox"/> None <input type="checkbox"/> Preapprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/StepUp <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School to Registered Apprenticeship		
9. Disability (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Discrimination on the basis of race, color, religion, national origin, sex, or because they are an individual with a disability or a person 40 years old or older against a student, employee or applicant in any education program, activity or employment is prohibited. Any information requested related to protected classes is used for state and federal reporting purposes only and will not be used in a discriminatory manner.

THIS AREA FOR DEPARTMENT OF EDUCATION USE ONLY

Registered by: Division of Career and Adult Education - Apprenticeship

_____/_____/_____
(Registration Date)

Data entered by: Sponsor Registration Agency Authorized Official, Registration Agency / Date Approved