

EMPLOYER FEI / EIN									
		-							



PROGRAM NUMBER	
P	

State of Florida
Department of Education
Division of Career and Adult Education - Apprenticeship

PREAPPRENTICESHIP PARTICIPATING EMPLOYER'S AGREEMENT

Between the Employer and the Registered Program

The Employer, prior to being assigned a registered preapprentice participant for supervised on-the-job training, must read and sign the following AGREEMENT. It is to be filed with the Registered Program having jurisdiction of the registered preapprentice participant(s) in the specified occupation, and the local Apprenticeship Training Representative of the Registration Agency.

THIS AGREEMENT, made between _____
 (hereinafter referred to as Employer) and _____
 (hereinafter referred to as Program Sponsor) in the occupation of: _____

WITNESSETH THAT:

The Employer, affirms they are interested in the designated system of training of Registered Preapprenticeship and having read the registered program training standards formulated for this industry by the Program Sponsor and registered with the Registration Agency, agrees to abide by the rules and regulations contained therein, retain the registered preapprentice participant(s) in their employ as work is available and to participate in the financial contribution necessary to support training according to the formula established by the Program Sponsor Committee, and in consideration the Program Sponsor agrees to supply the Employer with registered participant(s), as available and within the allowed ratio, and will perform such administrative and related training functions as specified in the registered program standards. The training 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.

Representing Employer:

 (Signature in BLUE Ink)

 (Name Typed or Printed)

 (Title)

 (Address)

 (City) (State) (Zip)

 (Phone # - Area Code & #) / (Fax # - Area Code & #)

 (Email Address)

Representing Program Sponsor:

 (Signature in BLUE Ink)

 (Name Typed or Printed)

 (Title)

 (Address)

 (City) (State) (Zip)

 (Phone # : Area Code & #) / (Fax # - Area Code & #)

 (Email Address)