



MAINE APPRENTICESHIP PROGRAM

APPRENTICESHIP AGREEMENT & PROGRAM REGISTRATION FORM

Warning: This agreement does not constitute a certification under Title 29, CFR, Part-5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 22)

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 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

PART A: TO BE COMPLETED BY APPRENTICE. THIS PART A SHOULD ONLY BE FILLED OUT BY THE APPRENTICE

1. Name (Last, First, Middle) and Address Social Security Number Street: _____ City, State, Zip Phone 1: () _____ Phone 2: () _____ Email Address: _____		Answer Both A and B (Definitions on reverse) 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 (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran 6. Education Level (Mark one) <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree Other: _____
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Career Linkage or Direct Entry (Mark one-Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Incumbent Worker <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Trade Adjustment Assistance <input type="checkbox"/> Job Corps <input type="checkbox"/> School-to-Registered Apprenticeship <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Direct Entry: _____	
8. Signature of Apprentice Date	9. Signature of Parent/Guardian (if under age 18) Date		

PART B: SPONSOR DATA:

10. Sponsor Program No. Sponsor Name and Address (No. Street, City, County, State, Zip Code)	11a. Trade/Occupation (The work processes listed in the standards are part of this agreement). 11b. Occupation SOC Code 12. Term (HRS) 13. Probationary Period (HRS) 14. Credit for Prior Experience 15. Remaining Term 16. Apprentice Start Date		
17a. Related Instruction (hrs/yr)	17b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	17c. Related Instruction Site 1/d No. Journeyworkers 1/e Ratio	

18. Wages (Instructions on Reverse)	18a: PRE-APPRENTICE Yes / No	18b: APPRENTICE START RATE \$	18c: JOURNEY-WORKER RATE \$
Check Box	Period 1	2	3
18d. Term in Hours			
18e. Wage Rate Increase as % of JW Rate			

19. Signature of Sponsor's Representative(s) Date Signed	21. Sponsor Designee & Contact Information (Address if different, Phone #s, Email)
20. Signature of Sponsor's Representative(s) Date Signed	

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

22. State Apprenticeship Registration Agency Mailing Address: MAINE DEPARTMENT OF LABOR 55 STATE HOUSE STATION, AUGUSTA, ME 04333-0055 PH: 207-623-7974 TTY 1-800-794-1110 FAX: 207-287-5933	23. Signature (Registration Agency)	24. Date Registered
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25. Apprentice Identification Number (agency input): _____

The Maine Department of Labor provides equal opportunity in employment and programs. Individuals with disabilities may request auxiliary aids.

Information requested is used for program and statistical purposes and may not be disclosed to the general public without the signed permission of the apprentice - Privacy Act 1974.