



# Florida Department of Education

## Division of Career and Adult Education - Apprenticeship

Apprentice I.D. #: \_\_\_\_\_

Program Sponsor #: FL \_\_\_\_\_

(To Be Completed by Dept. of Education)

**Canceled**  
Date: \_\_\_ / \_\_\_ / \_\_\_ By: \_\_\_\_\_

**Completion Date**  
Date: \_\_\_ / \_\_\_ / \_\_\_ By: \_\_\_\_\_

### 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

(Full Legal Name of Apprentice)

APPRENTICE, and (if a minor) \_\_\_\_\_ hereinafter referred to as his/her GUARDIAN.

(Parent or Guardian)

#### 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: _____	
	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.

(Legal Signature of Apprentice)

(Signature Representing Program Sponsor)

(Street Address)

(Title)

(City) (State) (Zip Code)

(Mailing Address of Program Sponsor)

(If a Minor - Parent or Guardian Signature)

(City) (State) (Zip Code)

#### TO BE COMPLETED BY APPRENTICE (Please check or fill in items as appropriate)

1. Social Security Number [only used for training record identification] _____	2. Date of Birth Month Day Year ____ ____ ____	3. Sex 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	4. Race 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black / African American 3. <input type="checkbox"/> American Indian or Alaskan Native 4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Native Hawaiian/other Pacific Islander
5. Mark Highest Grade of Schooling Completed GRADE SCHOOL 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 HIGH SCHOOL 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> COLLEGE 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>	6. Veteran 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	7. Military - Dates of Entry _____ Release _____	8. VA Claim Number _____ 9. Ethnic Group 1. <input type="checkbox"/> Hispanic or Latino 2. <input type="checkbox"/> Not Hispanic or Latino

**"Discrimination on the basis of race, ethnicity, color, national origin, sex, age, disability, genetic information or marital status 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)

Authorized Official, Registration Agency

Data entered by:  Sponsor  Registration Agency

ATTN: Program Sponsor, submit original form, signed in blue ink, to Field Office Representative

DCAE Form APPR-200 (Revised 6/15)