



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

RAPIDS Code:

SOC Code:

Term:

Probationary Period:

Participating Employer: _____

Credit for Previous

Term Remaining:

Starting Wage: _____

Experience:

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)

SIGN IN BLUE INK

(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)

(* Indicates a REQUIRED FIELD) Remaining Fields are VOLUNTARY

1. Social Security Number

(only used for training record identification)

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* 2. Date of Birth (xx/xx/xx)

Month Day Year

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3. Sex

☐ Male

☐ Female

4. Ethnic Group (optional)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

5. Race (optional)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

6. Mark Highest Grade of Schooling Completed

☐ 8th grade or less

☐ High School Graduate or Greater

☐ 9th to 12th grade

☐ Unknown

☐ High School Equivalency

☐ Post Secondary or Technical Training

7. Veteran (optional)

☐ Veteran

☐ Non-Veteran

8. Career Connection (optional)

☐ None

☐ Military Veterans

☐ HUD/StepUp

☐ Preapprenticeship

☐ Job Corps

☐ Career Center Referral

☐ Technical Training School

☐ YouthBuild

☐ School to Registered Apprenticeship

9. Disability (optional)

☐ Yes

☐ No

"Discrimination on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, 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