

**APPENDIX B**

**APPRENTICESHIP AGREEMENT BETWEEN APPRENTICE AND PROGRAM SPONSOR & EMPLOYER**

The apprentice, program sponsor and employer agree to the terms of the apprenticeship standards as incorporated as part of this agreement which may be amended during the period of the agreement. Neither the sponsor nor the employer will discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Section 30.3, Title 29, Code of Federal Regulation, Part 30. This agreement may be terminated by any of the parties, citing cause(s) with notification to the registration agency listed in Section C. 1., in compliance with 34 Pa. Code § 83.6. Arising differences that cannot be resolved locally may be referred to the registration agency. **PRIVACY STATEMENT:** The information requested herein is used for apprenticeship program statistical purpose and may not be otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974- P.L. 93-579

**SECTION A: ONLY TO BE COMPLETED BY THE APPRENTICE. PLEASE PRINT CLEARLY.**

1. NAME OF APPRENTICE (First, Middle, Last)		2. SOCIAL SECURITY NUMBER  - -		5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Not listed <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Non-binary	
3. DATE OF BIRTH (mm/dd/yyyy)		4. EMPLOYMENT STATUS <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee			
6. ADDRESS OF APPRENTICE			7. ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Do not wish to answer		8. RACE (multiple selections allowed) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Do not wish to answer
9. VETERAN STATUS <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Do not wish to answer		10. DISABILITY - See Form on page 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer		11. EDUCATION LEVEL <input type="checkbox"/> 8 <sup>th</sup> Grade or Less <input type="checkbox"/> Post Secondary or Technical Training Some College <input type="checkbox"/> 9 <sup>th</sup> to 12 <sup>th</sup> Grade <input type="checkbox"/> Associate's Degree <input type="checkbox"/> High School or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	
12. ORGANIZATION THAT REFERRED YOU TO THIS REGISTERED APPRENTICESHIP PROGRAM <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship Program <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> PA CareerLink® <input type="checkbox"/> High School <input type="checkbox"/> Other					
13. SIGNATURE OF APPRENTICE			DATE		14. SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)
					DATE

**SECTION B: TO BE COMPLETED BY THE PROGRAM SPONSOR AND EMPLOYER. PLEASE PRINT CLEARLY.**

1. PROGRAM SPONSOR NAME & ADDRESS				2. EMPLOYER NAME & ADDRESS			
3. OCCUPATION			4. TOTAL LENGTH OF OJT HOURS		5. PROBATIONARY PERIOD HOURS		6. CREDIT FOR PREVIOUS JOB TRAINING HOURS (Maximum 80%)
7. RELATED TECHNICAL INSTRUCTION PROVIDER			8. TOTAL LENGTH OF INSTRUCTION HOURS	9. WAGES PAID DURING RTI? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. RTI DURING WORK HOURS? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. CREDIT FOR PREVIOUS INSTRUCTION HOURS (Maximum 100%)	
12. DATE APPRENTICESHIP BEGINS (mm/dd/yyyy)		13. EXPECTED COMPLETION DATE (mm/dd/yyyy)		14. PRIOR HOURLY WAGE \$		15. APPRENTICE ENTRY HOURLY WAGE \$	
16. APPRENTICE WAGE PROGRESSION: The schedule of pay should be listed for each advancement period. The wage schedule is included in the work process of the standards, which are part of this agreement.							
Period	% of Journeyworker Wage	Dollar Amount	Duration (Hours)	Period	% of Journeyworker Wage	Dollar Amount	Duration (Hours)
1				6			
2				7			
3				8			
4				9			
5				10			
17. JOURNEYWORKER ENTRY WAGE \$				18. SIGNATURE OF APPRENTICE			
				DATE			
19. SIGNATURE OF PROGRAM SPONSOR				20. SIGNATURE OF EMPLOYER			
				DATE			

## **RESPONSIBILITIES OF APPRENTICE**

Apprentices, having been provided with and read the apprenticeship standards formulated by the program sponsor, agree to all the terms and conditions contained herein and agree to abide by the program sponsor's rules and policies, including any amendments, and to serve such time, perform such manual training, and study such subjects as the program sponsor may deem necessary to become a skilled journeyworker.

In signing the apprenticeship agreement, apprentices assume the following responsibilities and obligations under the registered apprenticeship program:

- 1) Perform diligently and faithfully the work of the occupation and other pertinent duties assigned by the program sponsor in accordance with the provisions of these Standards.
- 2) Respect the property of the employer and abide by the working rules and regulations of the employer, union and/or ATC/JATC.
- 3) Attend and satisfactorily complete the required hours in the OJL and in related instruction in subjects related to the occupation as provided under these Standards.
- 4) Maintain and make available such records of work experience and training received on the job and in instruction as may be required by the program sponsor.
- 5) Develop and practice safe working habits and work in such a manner as to ensure his/her personal safety and that of fellow workers.
- 6) Work for the employer to whom the apprentice is assigned for the duration of the apprenticeship, unless the apprentice is reassigned to another employer or the apprenticeship agreement is terminated by the sponsor.



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Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 06/30/2024

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Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Why are you being asked to complete this form?**

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.<sup>[1]</sup> To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### **How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

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<sup>[1]</sup> Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.apprenticeship.gov/eo>.