



# Apprenticeship Agreement

Rhode Island Department of Labor and Training



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. This agreement may be terminated by either of the parties, citing cause(s), with notification to the DLT Apprenticeship Office, in compliance with Title 29, CFR, Part 29

**PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.**

1 Name (Last, First, Middle)  Address (No., Street, City, State, Zip Code)  Email  Telephone Number  *Social Security Number	Answer Both A and B (Voluntary)  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 <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran  6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> High School Equivalency (GED) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post-Secondary or Technical Training
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		
7b. Career Connection (Mark one) (Instructions <a href="http://www.dlt.ri.gov/apprenticeship/forms/07Instructions.pdf">www.dlt.ri.gov/apprenticeship/forms/07Instructions.pdf</a> ) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> netWORKri / Job Center Referral <input type="checkbox"/> High School-to-Registered Apprenticeship <input type="checkbox"/> Military Veterans		
8. Signature of Apprentice  Date	9. Signature of Parent/Guardian (if minor)  Date	

**PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.**

1. Sponsor Program No.  Sponsor Name, Address, Email	2a Occupation  3. Occupation Training Approach (Mark one) 3a. <input type="checkbox"/> Time-Based 3b. <input type="checkbox"/> Competency-Based 3c. <input type="checkbox"/> Hybrid	2b Occupation Code:  2b.1. Interim Credentials <input type="checkbox"/> Yes <input type="checkbox"/> No  4. Term (Hrs., Mos., Yrs.)  5. Probationary Period (Hrs., Mos., Yrs.)
6a. Credit for Previous Education (RTI Hours) Retain transcripts in the apprentice's file.	6b. Credit for Previous Experience OJL Hours	7. Term Remaining (Hrs., Mos., Yrs.)
8. Date Apprenticeship Begins		
9a. Related Instruction At Least 144 of Hours Per Year	9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	9c. Related Training Instruction Source
10. Wages: 10a. Pre-Apprenticeship Hourly Wage \$ _____ 10b. Apprentice's Entry Hourly Wage \$ _____ 10c. Journeyworker's Hourly Wage \$ _____		
Check Box <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.		
10d. Term <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.		
10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>		
11. Signature of Sponsor's Representative(s)  Date Signed	13. Name and Contact Information for Sponsor Designee to Receive Complaints	
12. Signature of Sponsor's Representative(s)  Date Signed		

**PART C: TO BE COMPLETED BY REGISTRATION AGENCY**

1. Rhode Island DLT, Apprenticeship Office 1511 Pontiac Ave. Bldg. 70, PO Box 20247, Cranston, RI 02920	2. Signature (Registration Agency)	3. Date Registered
4. Apprentice ID Number (assigned by RAPIDS):		