

REGISTRATION AGENCY - PENNSYLVANIA APPRENTICESHIP AND TRAINING COUNCIL
APPRENTICESHIP AGREEMENT BETWEEN APPRENTICE, PROGRAM SPONSOR AND EMPLOYER
APPENDIX B

<p>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.</p>										
<p>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.</p>										
<p>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</p>										
<p>SECTION A: ONLY TO BE COMPLETED BY THE APPRENTICE. PLEASE PRINT CLEARLY.</p>										
1. NAME OF APPRENTICE (First, Middle, Last)			2. SOCIAL SECURITY NUMBER — —		3. DATE OF BIRTH (mm/dd/yyyy)		4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		5. 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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer		11. EDUCATION LEVEL <input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> 9 th to 12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> High School or Greater <input type="checkbox"/> Post Secondary or Technical Training						
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										
13. SIGNATURE OF APPRENTICE _____ DATE _____					14. SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) _____ DATE _____					
<p>SECTION B: TO BE COMPLETED BY THE PROGRAM SPONSOR AND EMPLOYER. PLEASE PRINT CLEARLY.</p>										
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 PROGRAM SPONSOR _____ DATE _____					
19. SIGNATURE OF PROGRAM SPONSOR _____ DATE _____					20. SIGNATURE OF EMPLOYER _____ DATE _____					
<p>SECTION C: TO BE COMPLETED BY PROGRAM SPONSOR OR APPRENTICESHIP & TRAINING OFFICE. PLEASE PRINT CLEARLY.</p>										
1. REGISTRATION AGENCY Pennsylvania Apprenticeship & Training Council Department of Labor & Industry's Apprenticeship & Training Office 651 Boas Street, 12 th Floor, Harrisburg PA 17121-0750					2. REGISTRATION AGENCY SIGNATURE					
3. NAME OF STAFF ENTERING INFORMATION			4. APPRENTICE IDENTIFICATION NUMBER			5. DATE REGISTERED				