

D. O.	FILE NUMBER

A	B	C	D	E	Official Use
Gender	Ethnic	Dependents	Education	Yrs Employ	STATUS



State of California -- Department of Industrial Relations --DIVISION OF APPRENTICESHIP STANDARDS

# APPRENTICE AGREEMENT

APPRENTICE LAST NAME			FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER		
APPRENTICE ADDRESS (NUMBER AND STREET / CITY, STATE & ZIP)					BIRTHDATE (mm/dd/yyyy)		F - VETERAN Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
OCCUPATION							CITY OF RESIDENCE	
TERM OF APPRENTICESHIP Hours Within                      Years							STRAIGHT TIME Hours per day                      Hours per week	
							O*Net code	

This agreement is between the above named apprentice employed by the below named employer, and

PROGRAM SPONSOR

**AGREEMENT:** The undersigned parties mutually agree that they will use their best endeavors to secure employment and training for the apprentice. The apprentice agrees to perform satisfactory all work and learning assignments. The provisions of the Apprenticeship Standards for the above occupation adopted by the program sponsor and approved by the Chief of the Division of Apprenticeship Standards, are hereby made a part of this agreement. An official copy of the standards is on file in the headquarters of the Division of Apprenticeship Standards. This apprentice agreement will continue in effect until the training is completed or otherwise terminated in accordance with the standards.

The apprentice commences participation under the standard on the date of execution of this agreement by the Apprentice. The signatory apprentice is credited with having \_\_\_\_\_ months toward completion of the term of apprenticeship. The apprentice is expected to complete training on or about \_\_\_\_\_, 20\_\_\_\_, upon satisfactory completion of the total remaining hours of on-the-job training and hours and/or units of related and supplemental instruction.

**APPRENTICE:** I, the undersigned apprentice, understand and agree that there is a valid and reasonable necessity that those academic records accumulated throughout related and supplemental instruction during my period of apprenticeship be made available to the apprenticeship committee. Further, I agree to release to the apprenticeship committee any other academic records which I feel may enhance my status as an apprentice.

I, the undersigned apprentice, hereby request that the Administrator of Apprenticeship terminate any other apprenticeship agreements in which I am currently registered.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
DAY                      MONTH                      YEAR                      SIGNATURE OF APPRENTICE

AGREED TO BY THE EMPLOYER

SIGNATURE OF PARENT OR GUARDIAN (IF APPRENTICE IS 16 OR 17)

AGREED TO AND APPROVED BY, FOR THE COMMITTEE

SIGNATURE OF EMPLOYER OR ITS REPRESENTATIVE		TITLE
NAME OF EMPLOYER		
ADDRESS		

SIGNATURE -- SECRETARY / CHAIR / COORDINATOR                      DATE

ACCEPTED BY DAS

SIGNATURE -- APPRENTICESHIP CONSULTANT                      DATE

[ for unilateral programs only ]  
This agreement is approved by \_\_\_\_\_

for the Administrator of Apprenticeship



TO THE APPRENTICE: California Civil Code Sec. 1798.17 requires State agencies which collect personal information to indicate the authority under which the data is requested. If personal information not specifically authorized by law is requested, individuals must be informed that supplying the information is voluntary. It also provides that state agencies may change or modify records at the request of the individual.

Questions C and E below are voluntary. All others are authorized by law, as indicated by the reference in each section. If the authorized questions are not answered, the apprenticeship agreement cannot be accepted.

The Division hopes, through collection of this data, to improve the apprenticeship program both for those presently enrolled and for future apprentices. Thank you.

**CALIFORNIA APPRENTICE QUESTIONNAIRE**  
(USE INK OR BALLPOINT PEN)

A. Gender  Male  Female  
(Cal. Code of Regulations, Title 8, Ch. 2, Sec. 215)

B. Ethnic or Race Derivation (Check only one)

01  WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

02  BLACK (Not of Hispanic Origin) -- A person having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER -- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The area includes for example, China, Japan, Korea and Samoa.

A3  Asian Asian Indian

C3  Asian Chinese

D3  Asian Cambodian

06  Asian Filipino

E3  Asian Hmong

J3  Asian Japanese

K3  Asian Korean

L3  Asian Laotian

M3  Asian Malaysian

P3  Asian Pakistani

R3  Asian Sri Lankan

T3  Asian Taiwanese

U3  Asian Vietnamese

V3  Asian Vietnamese

F3  Native Hawaiian Fijian

G3  Native Hawaiian Guamanian

H3  Native Hawaiian Hawaiian

S3  Native Hawaiian Samoan

W3  Native Hawaiian Tongan

04  AMERICAN INDIAN OR ALASKAN NATIVE -- A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

07  HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

(Cal. Labor Code, Ch. 4, div. 3, Sec. 151)

C. Number of Dependents (Do not count yourself)  
0  None  Four  
1  One  Five  
2  Two  Six or More  
3  Three  
(Voluntary)

D. Highest Year of Education Completed  
1  8th Grade or less  1 Year of College  
2  9th Grade  2 Years of College  
3  10th Grade  3 Years of College  
4  11th Grade  4 or more Years of College  
5  12th Grade (or GED Certificate)  
(Cal. Labor Code, Ch. 4, div. 3, Sec. 3076.3)

E. Number of Years You Have Been Employed Full Time to Date (Except Military Service)  
 None  
1  Less Than 1  
2  2 But Less Than 3 Years  
3  3 But Less Than 4 Years  
4  4 But Less Than 5 Years  
5  5 Years or More  
(Voluntary)

F. Have You Served on Active Duty (other than reserve status) in the U. S. Armed Forces  
 Yes  No  
If yes, Please Enter:  
Month and Year Entered \_\_\_\_\_  
Month and Year Separated \_\_\_\_\_  
Total Months served on Active Duty \_\_\_\_\_