

FOR OFFICE USE ONLY

The Commonwealth of Massachusetts
 Department of Labor Standards
 Division of Apprenti ce Standards



19 Staniford Street, 2nd Floor, Boston, MA 02114

Compliance Officer Number: _____

Sponsor Number _____

APPRENTICE STATUS DATE

Date Entered	
Completed / Certificate	
Suspended	
Cancelled	
Military Service	
Deceased	

Annual Fee: \$35.00 for photo ID (please include one passport size photo)

Apprentice ID Number: _____

APPRENTICE AGREEMENT

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprenti ce Standards, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Standards, WITNESSETH: that the Agreement is entered into by the undersigned:

_____/_____
 (Name of Apprentice) (Address of Apprentice)

(Name of Program Sponsor) (Employer, JAC, JATC, Assoc. of Employers or Org. of Employers.)

OCCUPATION: _____ TERM OF APPRENTICESHIP _____ HOURS.

DATE APPRENTICESHIP BEGINS: _____ PROJECTED COMPLETION DATE: _____

CREDIT FOR PREVIOUS: OJT EXPERIENCE: _____ RELATED TRAINING HOURS _____ STARTING STEP # _____

GRADUATED SCALE OF WAGES IN (PERCENTAGES TO BE PAID THE APPRENTICE. PERCENTAGES ARE BASED ON JOURNEY PERSON WAGES)
 On projects where there is a prevailing rate set by law, the rate of pay shall comply with the wage rate or percentages stated on the wage schedules issued by the Department of Labor Standards. The percentages below are to be used on all other jobs

PERIOD(s): _____				
1 st	3 rd	5 th	7 th	9 th
2 nd	4 th	6 th	8 th	10 th

Minimum Journey person rate as of (Date) _____ is \$ _____ per hour

Hours/day Hours/week Overtime Rate: _____

The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement. I hereby authorize the Division of Apprenti ce Standards to request access to all my related training records directly from any school/training program I may attend as part of my apprenticeship.

 (Signature of Apprentice) / (PLEASE SIGN IN BLUE INK)

 (Signature of Program Sponsor) / (PLEASE SIGN IN BLUE INK)

 (Signature Parent/Guardian, If Minor)

 (Address of Program Sponsor)

 (Signature of Union JAC, JATC) / (PLEASE SIGN IN BLUE INK)

Approved by the Division of Apprenti ce Standards _____ Date: _____

The Program Sponsor and the Apprentice, by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following: The apprentice program sponsor shall ensure that the apprentice receives 150 hours per year of related instruction in all subjects related to the trade. Such instruction may be given in a classroom or through correspondence courses or other forms of self-study, but must be approved by the Director. The sponsor will not necessarily be responsible for paying the cost of the related instruction or any books, other written materials, or supplies necessary for such instruction. If however, the apprentice is to be responsible for all or any portion of such costs it must be specified below.

COST TO BE INCURRED BY APPRENTICE: [please have apprentice initial all item(s) that apply]

TUITION _____ **BOOKS** _____ **TOOLS** _____ **NONE** _____

Prior Employment Hourly Pay Rate: _____ **Received Copy of DAS Apprentice Handbook** _____

Apprentice _____ Sponsor _____

The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Standards.

The Apprentice agrees to be diligent and faithful in learning the stated occupation including attendance of 150 hrs. in related instruction classes, for each year of apprenticeship.

The first 25% or one year of employment whichever is less shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentices Standards.

This agreement must be approved by and filed with the Division of Apprentices Standards before the apprentice starts work and copies must be received by the sponsor.

The Deputy Director of Apprentices Standards may cancel the agreement subject to hearing upon application by any party.

The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor Standards, and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Department of Labor Standards.

SS# _____ **(E-Mail Address)** _____ **(Date of Birth)** _____ **(Phone)** _____

Completion of part of the boxed section is voluntary. The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY APPRENTICE (Please check, circle or fill in items as appropriate)			
SEX M _____ F _____	Ethnic Group:	1. White (Caucasians) other than Hispanic _____	2. Black _____
		3. American Indian or Alaskan Native _____	
		4. Asian or Pacific Islander _____	
	5. Hispanic including persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. _____	6. Other _____	
		VETERAN	DISABLED
		1. Vietnam Era Veteran _____	YES _____
		2. Other Veteran _____	NO _____
		3. Non Veteran _____	
Check highest grade of school completed		12	GED Other _____
		COLLEGE	13 14 15 16 17 18

AFFIDAVIT BY APPRENTICE APPLICANT

Signature of Applicant: _____ Date: _____

State of Massachusetts, County of _____

_____ being duly sworn deposes and says that he/she is the person referred to in the forgoing application; that the statements herein contained are true in every respect; and that he/she read and understands this affidavit.

Sworn and subscribed by me this _____ day of _____

(DAS Rep or Notary Public) Signature

(DAS Rep or Notary Public) Print Name

My Commission Expires: _____

RETURN APPLICATION TO:

Division of Apprentices Standards, 19 Staniford Street, 2nd Floor, Boston, MA 02114