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| D. O. | FILE NUMBER |
| 03 | 05044 |

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| A | B | C | D | E | Official Use |
| Gender | Ethnic | Dependents | Education | Yrs Employ | STATUS |
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State of California -- Department of Industrial Relations --DIVISION OF APPRENTICESHIP STANDARDS

APPRENTICE AGREEMENT

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|--|--|--|------------------------|--|---|
| 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"/> |
| | | | COUNTY OF RESIDENCE | | |
| OCCUPATION | | | O*Net code | | |
| TERM OF APPRENTICESHIP Hours Within Years | | STRAIGHT TIME Hours per day: 8 Hours per week: 40 | | | |

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

California Tooling & Machining Apprenticeship Association (CTMAA)

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 satisfactorily 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 these standards on the date of execution of this agreement by the Apprentice. The signatory apprentice is credited with _____ 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

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|------------------|
| NAME OF EMPLOYER |
| ADDRESS |

Sec of Bd.

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 are 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)

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| <p>A. Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><small>(Cal. Code of Regulations, Title 8, Ch. 2, Sec. 215)</small></p> <p>B. Ethnic or Race Derivation (Check only one)</p> <p>1 <input type="checkbox"/> WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.</p> <p>2 <input type="checkbox"/> BLACK (Not of Hispanic Origin) -- A person having origins in any of the Black racial groups of Africa.</p> <p style="margin-left: 20px;">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.</p> <p>A <input type="checkbox"/> Asian Asian Indian</p> <p>B <input type="checkbox"/> Asian Bangladeshi</p> <p>C <input type="checkbox"/> Asian Chinese</p> <p>D <input type="checkbox"/> Asian Cambodian</p> <p>6 <input type="checkbox"/> Asian Filipino</p> <p>E <input type="checkbox"/> Asian Hmong</p> <p>I <input type="checkbox"/> Asian Indonesian</p> <p>J <input type="checkbox"/> Asian Japanese</p> <p>K <input type="checkbox"/> Asian Korean</p> <p>L <input type="checkbox"/> Asian Laotian</p> <p>M <input type="checkbox"/> Asian Malaysian</p> <p>P <input type="checkbox"/> Asian Pakistani</p> <p>R <input type="checkbox"/> Asian Sri Lankan</p> <p>T <input type="checkbox"/> Asian Taiwanese</p> <p>U <input type="checkbox"/> Asian Thai</p> <p>V <input type="checkbox"/> Asian Vietnamese</p> <p>F <input type="checkbox"/> Native Hawaiian Fijian</p> <p>G <input type="checkbox"/> Native Hawaiian Guamanian</p> <p>H <input type="checkbox"/> Native Hawaiian Hawaiian</p> <p>S <input type="checkbox"/> Native Hawaiian Samoan</p> <p>W <input type="checkbox"/> Native Hawaiian Tongan</p> <p>4 <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.</p> <p>7</p> <p><small>(Cal. Labor Code, Ch. 4, div. 3, Sec. 151)</small></p> | <p>C. Number of Dependents (Do not count yourself)</p> <p>0 <input type="checkbox"/> None 4 <input type="checkbox"/> Four</p> <p>1 <input type="checkbox"/> One 5 <input type="checkbox"/> Five</p> <p>2 <input type="checkbox"/> Two 6 <input type="checkbox"/> Six or More</p> <p>3 <input type="checkbox"/> Three</p> <p><small>(Voluntary)</small></p> <p>D. Highest Year of Education Completed</p> <p>1 <input type="checkbox"/> 8th Grade or less 6 <input type="checkbox"/> 1 Year of College</p> <p>2 <input type="checkbox"/> 9th Grade 7 <input type="checkbox"/> 2 Years of College</p> <p>3 <input type="checkbox"/> 10th Grade 8 <input type="checkbox"/> 3 Years of College</p> <p>4 <input type="checkbox"/> 11th Grade 9 <input type="checkbox"/> 4 or more Years of College</p> <p>5 <input type="checkbox"/> 12th Grade (or GED Certificate)</p> <p><small>(Cal. Labor Code, Ch. 4, div. 3, Sec. 3076.3)</small></p> <p>E. Number of Years You Have Been Employed Full Time to Date (Except for Military Service)</p> <p>0 <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Less Than 1 Year</p> <p>2 <input type="checkbox"/> 1 But Less Than 2 Years</p> <p>3 <input type="checkbox"/> 2 But Less Than 3 Years</p> <p>4 <input type="checkbox"/> 3 But Less Than 4 Years</p> <p>5 <input type="checkbox"/> 4 But Less Than 5 Years</p> <p>6 <input type="checkbox"/> 5 Years or More</p> <p><small>(Voluntary)</small></p> <p>F. Have You Served on Active Duty (other than reserve status) in the U. S. Armed Forces?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Please Enter:</p> <p>Month and Year Entered _____</p> <p>Month and Year Separated _____</p> <p>Total Months served on Active Duty _____</p> <p>Apprentice's Signature _____</p> |
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