

D. O.	FILE NUMBER

A	B	C	D	E	Official Use
Ethnic	Dependents	Education	Yrs Employ	Disabled	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)	VETERAN Yes: <input type="checkbox"/> No: <input type="checkbox"/>
OCCUPATION		GENDER Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/>	
TERM OF APPRENTICESHIP		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

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 having _____ months toward completion of the term of apprenticeship. The apprentice is expected to complete training on or about t20_____, 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 _____, 2021, 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

PRIVACY NOTICE (CA Civ. Code, § 1798.17, 5 USC § 552a Note): Pursuant to California Labor Code section 3078, the State of California Division of Apprenticeship Standards (DAS) will use the personal information you provide here to administer your apprenticeship with an approved employer. To participate in an apprenticeship, you must answer questions A and C. Your answers to questions B, D, E and F are voluntary, and if provided, will be used for research and reporting purposes. (Labor Code, § 3073 et seq.) DAS requests that you also provide your Social Security Number (SSN), on the front of this form, so that DAS may validate your apprenticeship with an employer (Civ. Code, § 1798.85); DAS will also use your SSN in its research and reporting on California's apprenticeship programs. DAS will share your personal information, including your SSN, with employers, educators, and researchers. If you do not provide your SSN, you may still participate in the DAS apprenticeship program, but DAS may require further identification information from you to process your application. DAS will not share your personal information, including your SSN if provided, with anyone else or use your personal information for any other purpose. To review DIR's Privacy Policy and to learn about your rights under California's Information Practices Act, please click on "Privacy Policy" at the bottom of DIR's webpage at www.dir.ca.gov or go to https://www.dir.ca.gov/od_pub/privacy.html. You may contact DIR's Privacy Officer by sending an email to Privacy@DIR.ca.gov.

CALIFORNIA APPRENTICE QUESTIONNAIRE

(USE INK OR BALLPOINT PEN)

- A. Ethnic or Race Derivation (Check only one)**
- 1 WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 2 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.
- A Asian Asian Indian
- B Asian Bangladeshi
- C Asian Chinese
- D Asian Cambodian
- 6 Asian Filipino
- E Asian Hmong
- I Asian Indonesian
- J Asian Japanese
- K Asian Korean
- L Asian Laotian
- M Asian Malaysian
- P Asian Pakistani
- R Asian Sri Lankan
- T Asian Taiwanese
- U Asian Thai
- V Asian Vietnamese
- F Native Hawaiian Fijian
- G Native Hawaiian Guamanian
- H Native Hawaiian Hawaiian
- S Native Hawaiian Samoan
- W Native Hawaiian Tongan
- 4 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.
- 7 HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

(Labor Code, § 151)

- B. Number of Dependents (Do not count yourself)**
- 0 None 4 Four
- 1 One 5 Five
- 2 Two 6 Six or More
- 3 Three

(Voluntary)

- C. Highest Year of Education Completed**
- 1 8th Grade or less 6 1 Year of College
- 2 9th Grade 7 2 Years of College
- 3 10th Grade 8 3 Years of College
- 4 11th Grade 9 4 or more Years of College
- 5 12th Grade (or GED Certificate)

(Labor Code § 3076.3)

- D. Number of Years You Have Been Employed Full Time to Date (Except for Military Service)**
- 0 None
- 1 Less Than 1 Year
- 2 1 But Less Than 2 Years
- 3 2 But Less Than 3 Years
- 4 3 But Less Than 4 Years
- 5 4 But Less Than 5 Years
- 6 5 Years or More

(Voluntary)

- E. Do you consider yourself disabled? Yes No**

- F. List any Workforce Development Programs you have participated in:**

Program	Date Attended
_____	_____
_____	_____
_____	_____

(E & F Voluntary)

Apprentice's Signature _____