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



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"/> |
| | | | COUNTY OF RESIDENCE |
| OCCUPATION | | O*Net code | |
| TERM OF APPRENTICESHIP | | STRAIGHT-TIME | |
| Hours Within | Years | 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 hours of the term of apprenticeship. The apprentice is expected to complete training on or before the date of satisfactory completion of the total remaining hours of on-the-job training and hours and classroom 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 EMPLOYER OR ITS REPRESENTATIVE | TITLE |
| NAME OF EMPLOYER | |
| ADDRESS | |

AGREED TO AND APPROVED BY, FOR THE COMMITTEE

for unilateral programs only]
This agreement is approved by _____ or the Administrator of Apprenticeship

OAS 1 (REV. 4/12)

APPRENTICE AGREEMENT

BLUE or BLACK Ink ONLY

Leave areas BLANK

Print or type ... ENTER ALL items

Occupation, O*Net Code are NOT your company title -- look up the Exact name and code from calmachinist.com Apprentice Tab, Enroll dropdown, "O*Net List"

CTMAA will discuss with your Employer whether Credit is earned from past experience or attendance at College, however 98% of apprentices complete a 48 month term

Date and Sign - blue or black ink ONLY

Officer of the Company Signs, completes Company information

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

Complete ALL boxes of the Form

Don't forget to Sign

Include a SCAN of your Driver's License