

APPRENTICESHIP AGREEMENT

Washington State Apprenticeship and Training Council



Date of Agreement: <div style="text-align: center; font-size: 1.2em;">/ /</div>
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Registration No.
Registration date:
Approved by
L&I Apprenticeship Coordinator:

THIS AGREEMENT IS BETWEEN:

Name of registered apprenticeship program: ELECTRONIC SECURITY ASSOCIATION OF WASHINGTON APPRENTICESHIP PROGRAM # 1754
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Apprentice full name (Last, First, Middle Name, Suffix) (please print or type)		Social Security No.
Address		
City		State
Zip		
County:	Phone:	E-mail:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth / /	Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>		Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>		Electrical/Plumber/Other License/Certification Number (if required)

Term of apprenticeship (hours or months):	Apprenticeship occupation (from approved standards):	
Date apprenticeship begins: / /	Credit for previous experience (hours or months):	Registered at wage progression step:

The employer (training agent) and/or sponsor, the apprentice, and his/her parent or guardian (if a minor), hereby enter into the term of apprenticeship in conformity with the apprenticeship standards for the above trade, which has been approved by the Washington State Apprenticeship and Training Council, and are hereby made a part of this agreement with the same force and effect as though written herein.

This agreement must be approved by and registered with the Washington State Apprenticeship and Training Council and may be annulled by the said council upon the council's own motion, after giving all parties notice and opportunity to be heard.

The employer (training agent) and/or sponsor, agrees to train the apprentice, and the apprentice agrees to perform the work of the trade diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.

Apprenticeship standards received by apprentice: yes no _____ (initials)

APPRENTICE

(Apprentice - legal signature)
(Date signed)
(If a minor, parent or guardian signature)

SPONSOR

(Registered apprenticeship program authorized signature)
(Printed name of authorized signature) Stella McDonald, Training Director
(Date signed)

EMPLOYER (Authorized Training Agent)

Name of Employer (Authorized Training Agent) providing training (if applicable):	
Signature of Employer (Authorized Training Agent) (if applicable):	Date signed by Employer (Authorized Training Agent):

AGREEMENT FOR APPRENTICESHIP

Applicant's Name _____

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The Washington State Department of Labor and Industries may give advanced credit or grant hours to apprentices for demonstrated competency, acquired experience, training, education or skills in or related to the occupation.

When these credits are granted, the Apprenticeship Board will be notified by the Labor and Industry Coordinator. The Apprenticeship Board will review the credits and grant hours under the program. The board is not required to credit all hours granted by Labor and Industries.

Before any credits can be granted by the Apprenticeship Board, the apprentice must have hours validated in the electrical program at Labor and Industries:

When license is renewed on line: <http://www.lni.wa.gov/Forms/pdf/F626-048-000.pdf>

In between renewal of license: <http://www.lni.wa.gov/Forms/pdf/F500-043-000.pdf>

Please provide the following information for the Board. This will be reviewed to determine credits to be granted.

List the name and address of each employer for whom you have worked.

List present employer in the first space.

Firm name & Address	Nature of Work Done	Date of Employment		Number of Months
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

College or Additional Schooling = Please provide complete detail.

Name of School	Date Finished	Studies in Limited Energy