

Program Registration and
Apprenticeship Agreement

Delaware Department of Labor
Division of Employment and Training



Office of Apprenticeship

Delaware Department of Labor-Division of Employment and Training
4425 North Market Street, Wilmington, DE 19802
Office: (302)-761-8328 Fax: (302)-761-6334

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30, Executive Order 11246, and 19 DE Reg. 1101.7.1.11.

Original must be sent via mail

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.

1. Name (Last, First, Middle) _____ *Social Security Number _____ _____ (Address, Telephone Number, and Email) _____ Does the Apprentice Identify as having a Physical or Mental Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Wish to Disclose	Answer Both A and B (Voluntary) 4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Do Not Wish to Disclose b. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Do Not Wish to Disclose	5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Do Not Wish to Disclose 6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED or High School Equivalent <input type="checkbox"/> High School Graduate or Greater <input type="checkbox"/> Post -Secondary or Technical Training
2. Date of Birth (Mo., Day, Yr.) _____ 3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Wish to Disclose	7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee 7b. Referred By: <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> High School <input type="checkbox"/> Local Vo-Tech <input type="checkbox"/> Job Corps <input type="checkbox"/> Department of Labor <input type="checkbox"/> Other	
8. Signature of Apprentice _____ Date _____	9. Signature of Parent/Guardian (if minor) _____ Date _____	

PART B: TO BE COMPLETED BY SPONSOR:

1. Sponsor Program No. _____ Sponsor Name and Address (No. Street, City, County, State, Zip Code) _____	2a. Occupation (The work processes listed in the standards are part of this agreement). _____	2b. Occupation Code: 2b.1. Interim Credentials Only applicable to Part B, 3.b. and 3.c. (Mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Occupation Training Approach (Mark one) 3a. <input type="checkbox"/> Time-Based 3b. <input type="checkbox"/> Competency-Based 3c. <input type="checkbox"/> Hybrid	4. Term (Hrs., Mos., Yrs.) _____	5. Probationary Period (Hrs., Mos., Yrs.) _____
6. Credit for Previous Experience (Hrs., Mos., Yrs.) _____	7. Term Remaining (Hrs., Mos., Yrs.) _____	8. Date Apprenticeship Begins _____
9a. Related Instruction (Number of Hours Per Year) _____	9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	9c. Related Training Instruction Source and Location _____

10. Wages:

10a. Pre-Apprenticeship Hourly Wage \$ _____ 10b. Apprentice's Entry Hourly Wage \$ _____ 10c. Journeyworker's Hourly Wage \$ _____

Check Box	Period 1	2	3	4	5	6	7	8	9	10
10e. Term <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.										
10d. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>										

11. Signature of Sponsor's Representative(s) _____ Date Signed _____ 12. Signature of Sponsor's Representative(s) _____ Date Signed _____	13. Name and Address of Sponsor Designee to Receive Complaints (If applicable) _____
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PART C: TO BE COMPLETED BY REGISTRATION AGENCY

1. Signature (Registration Agency) _____	2. Date Registered _____	
3. Apprentice Identification Number _____		

During the designated probationary period, this Apprenticeship Agreement may be terminated by any party to the Agreement upon written notice to the remaining parties

After the designated probationary period, the Apprentice Agreement may be suspended, canceled, or terminated for cause, with due notice to the Apprentice and a reasonable opportunity may be taken for corrective action, and with written notice to the Apprentice of the final action taken.

If an Employer is unable to fulfill its obligation under the Agreement, the Agreement may, with consent of the Apprentice and Committee, if one exists, be transferred to another Employer under a Registered Program with written notice of the transfer to the Registrant and with full credit to the Apprentice for satisfactory time and training earned.

The State Registration Agency, located at 4425 N. Market Street Wilmington, DE 19802, is designated to receive, process, and make disposition of controversies or differences which cannot be adjusted locally or resolved in accordance with the established trade procedure or applicable collective bargaining provisions.

In the event that the Registration of the Program has been canceled or revoked, the Apprentice will be notified within fifteen (15) days of the event.