 **MARICOPA VETERANS CARE CENTER**

**TEMPORARY APPRENTICESHIP AGREEMENT & PROGRAM REGISTRATION FORM**

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| **PART A: TO BE COMPLETED BY APPRENTICE. *THIS PART A SHOULD ONLY BE FILLED OUT BY THE APPRENTICE*** |
| 1. Name (Last, First, Middle) and Address Social Security Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** - - Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1: ( ) - Phone 2: ( ) - Email Address: | Answer Both A and B (*Definitions on reverse)*4. a. Ethnic Group (Mark one) Hispanic or LatinoNot Hispanic or Latino ( )b. Race (Mark one or more) American Indian or Alaska native AsianBlack or African American Native Hawaiian or, other Pacific IslanderWhite | 5. Veteran Status (*Mark one*) Non-VeteranVeteran |
| 6. Education Level (*Mark one*) High School Graduate GEDPost-Secondary CertificateAssociate Degree Bachelor’s DegreeOther: |
| 2. Date of Birth (Mo., Day, Yr.) | 3. Sex (*Mark one*) Male Female |

7. Career Linkage or Direct Entry (Mark One-Instructions on reverse)

None

Incumbent Worker

Adult

Youth

Dislocated Worker

Trade Adjustment Assistance

Job Corps

School-to-Registered Apprenticeship

 Youth Build

HUD/STEP-UP

Direct Entry:

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| 8. Signature of Apprentice Date | 9. Signature of Parent/Guardian (if under age 18) Date |
| **PART B: SPONSOR DATA:** |
| 10. Sponsor Program No.Sponsor Name and Address (No. Street, City, County, State, Zip Code) | 11a. Trade/Occupation (*The work processes listed in the standards are part of this agreement).* |
| 11b. Occupation SOC Code | 12. Term (HRS) | 13. Probationary Period (HRS) |
| 14. Credit for Prior Experience | 15. Remaining Term | 16. Apprentice Start Date |
| 17a. Related Instruction (*hrs/yr)* | 17b. Apprentice Wages for Related InstructionWill Be Paid Will Not Be Paid | 17c. Related Instruction Site 1/d No. Journey workers 1/e Ratio |

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| 18. Wages (Instructions on Reverse) 18a: **PRE-APPRENTICE Yes / No** |  | 18b: **APPRENTICE START RATE $** |  |  | 18c: **JOURNEY-WORKER RATE $** |  |
| Check Box Period 1 2 | 3 | 4 5 | 6 | 7 | 8 9 | 10 |
| 18d. Term in Hours18e. Wage Rate Increase as % of JW Rate |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 19. Signature of Sponsor’s Representative(s) Date Signed | 21. Sponsor Designee & Contact Information (Address if different, Phone #s, Email) |
| 20. Signature of Sponsor’s Representative(s) Date Signed |
| **PART C: TO BE COMPLETED BY REGISTRATION AGENCY** |
| 22. State Apprenticeship Registration Agency Mailing Address: | 23. Signature (Registration Agency) | 24. Date Registered |

25. Apprentice Identification Number (*agency input*):