



The Program Sponsor and the Apprentice, by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following:

The apprentice program sponsor shall ensure that the apprentice receives a minimum of 150 hours per year of related instruction in all subjects related to the trade. Such instruction may be given in a classroom or through correspondence courses or other forms of self-study, but must be approved by the Director. The sponsor will not necessarily be responsible for paying the cost of the related instruction or any books, other written materials, or supplies necessary for such instruction. If however, the apprentice is to be responsible for all or any portion of such costs it must be specified below.

**COST TO BE INCURRED BY APPRENTICE:** [please have apprentice initial all item(s) that apply]

TUITION \_\_\_\_\_ BOOKS \_\_\_\_\_ TOOLS \_\_\_\_\_ NONE \_\_\_\_\_

**Prior Employment Hourly Pay Rate:** \_\_\_\_\_ Received Copy of DAT Apprentice Handbook \_\_\_\_\_

Apprentice _____ _____ _____ _____	Sponsor _____ _____ _____ _____	<p>The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Training.</p> <p>The Apprentice agrees to be diligent and faithful in learning the stated trade or craft including mandatory attendance in 150 hrs. of related instruction classes, for each year of Apprenticeship.</p> <p>The first 1000 hours or 6 months of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Training.</p> <p>This agreement must be approved by and filed with the Division of Apprentice Training before the apprentice starts work and copies must be returned to sponsor. The Director of Apprentice Training may cancel the agreement subject to hearing upon application by any party.</p> <p>The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor, Division of Occupational Safety, and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Department of Labor, Division of Occupational Safety.</p>
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Completion of part or all of this last section of the Apprentice Agreement is MANDATORY. The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY APPRENTICE (Please check, circle or fill in items as appropriate)										
SS#	-	-	(E-Mail Address)	(Date of Birth)	(Phone)					
<b>SEX</b>	<b>ETHNIC GROUP</b>			<b>VETERAN</b>	<b>DISABLED</b>					
1. Male _____	1. White _____	2. Black _____	3. American Ind. or Alaskan Native _____	1. Vietnam Era Veteran _____	YES _____					
2. Female _____	4. Asian or Pacific Islander _____	5. Hispanic _____	6. Other _____	2. Other Veteran _____	NO _____					
Check highest grade of school completed				12	GED	Other				
				COLLEGE	13	14	15	16	17	18

**AFFIDAVIT BY APPRENTICE APPLICANT**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of Massachusetts, County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says that he/she is the person referred to in the forgoing application; that the statements herein contained are true in every respect; and that he/she read and understands this affidavit.

Sworn and subscribed by me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(DAT Rep or Notary Public) Signature

\_\_\_\_\_  
(DAT Rep or Notary Public) Print Name

My Commission Expires: \_\_\_\_\_

**RETURN APPLICATION TO:**

Division of Apprentice Training P.O. Box 146759, 19 Staniford Street, 1<sup>st</sup> Floor. Boston, MA 02114