

APPRENTICE AGREEMENT



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS
DIVISION OF APPRENTICE STANDARDS

- ☐ Prevailing rate work
☐ Non-prevailing rate work

| For office use only | |
|---------------------------------|------|
| Compliance Officer Number _____ | |
| Sponsor Number _____ | |
| Apprentice status | Date |
| Date Entered | |
| Completed / Certificate | |
| Suspended | |
| Cancelled | |
| Military Service | |
| Deceased | |
| Apprentice ID Number: _____ | |

Annual Fee: \$35.00 for photo ID (please include one passport size photo)

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Standards, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Standards, WITNESSETH: that the Agreement is entered into by the undersigned:

| | | | | | | | | | | | | | | | | | |
|---|-------|---------------------------------|-------|--------|--------|--------|-------|-------|--------|--------|-------|-------|-------|-------|--------|--------|--------|
| Name of Apprentice _____ | | Address of Apprentice _____ | | | | | | | | | | | | | | | |
| Name of Program Sponsor Employer, JAC, JATC, Association of Employers, or Organization of Employers _____ | | | | | | | | | | | | | | | | | |
| Trade Occupation _____ | | Term of apprenticeship _____ | | | | | | | | | | | | | | | |
| Date apprenticeship begins _____ | | Projected completion date _____ | | | | | | | | | | | | | | | |
| Credit for previous on-the job experience _____ hours | | Starting step number _____ | | | | | | | | | | | | | | | |
| <p>Graduated scale of wages in (percentages to be paid the apprentice. (Percentages are based on journey person wages) [on projects where there is a prevailing rate set by law, the rate of pay shall comply with the wage rate or percentages stated on the wage schedules issued by the Department of Labor Standards.]</p> <p>PERIOD(s):</p> <table border="1"> <tr> <td>1st %</td> <td>3rd %</td> <td>5th %</td> <td>7th %</td> <td>9th %</td> <td>11th %</td> <td>13th %</td> </tr> <tr> <td>2nd %</td> <td>4th %</td> <td>6th %</td> <td>8th %</td> <td>10th %</td> <td>12th %</td> <td>14th %</td> </tr> </table> | | | | 1st % | 3rd % | 5th % | 7th % | 9th % | 11th % | 13th % | 2nd % | 4th % | 6th % | 8th % | 10th % | 12th % | 14th % |
| 1st % | 3rd % | 5th % | 7th % | 9th % | 11th % | 13th % | | | | | | | | | | | |
| 2nd % | 4th % | 6th % | 8th % | 10th % | 12th % | 14th % | | | | | | | | | | | |

Minimum Journey person rate as of (Date) _____ is \$ _____ per hour

_____ Hours per day _____ Hours per week. Overtime Rate: _____

The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement. I hereby authorize the Division of Apprentice Standards to request access to all my related training records directly from any school/training program I may attend as part of my apprenticeship.

Signature of Apprentice

Signature of Program Sponsor

Signature Parent/Guardian, If Minor

Address of Program Sponsor

Signature of Union JAC, JATC

Approved by the Division of Apprentice Standards _____ Date _____

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 sponsor will not necessarily be responsible for paying the cost of the related instruction or any books, other written materials, or supplies necessary for 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 *DAS Apprentice handbook* _____

Apprentice Sponsor

_____ _____ The apprentice will receive a minimum of 2,000 hours of employment as an apprentice, consistent with training requirements established by industry practice, in the occupation to which he/she is apprenticed.

_____ _____ The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Standards.

_____ _____ The apprentice shall receive a minimum of 150 hrs per year of related classroom instruction during the period of apprenticeship in the occupation to which he is apprenticed, or in the case of licensed trades, as required by regulation of the licensing entity, as applicable and any examinations administered during such instruction shall be monitored by a proctor. The sponsor shall also have readily available to the apprentice a schedule of the work processes to be learned in the occupation.

_____ _____ The agreement may be terminated, within the lesser of (1) 1 year of (2) 25% of the length of the apprentice program from the date of its execution, by either the employer of the apprentice, for any reason.

_____ _____ This agreement must be approved by and filed with the Division of Apprentice Standards within 30 days of its execution, before the apprentice starts work and copies must be returned to sponsor.

_____ _____ The Deputy Director of Apprentice Standards may terminate the agreement at any time during the duration of the agreement if the Deputy Director deems it proper.

_____ _____ The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor Standards, and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Department of Labor Standards.

_____ _____ The Division of Apprentice Standards is available to receive, investigate and resolve any complaints the apprentice has about the apprentice training program in which the apprentice is registered.

_____ _____ The apprentice has the LEGAL RIGHT TO WORK IN THE UNITED STATES

To be completed by Apprentice MANDATORY

Social Security Number _____ Email _____

Date of Birth _____ Phone _____

Gender

☐ Male
☐ Female

Ethnicity

☐ White ☐ Black ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

Veteran

☐ Vietnam Era Veteran
☐ Other Veteran
☐ Non Veteran

Disabled

☐ Yes
☐ No

Circle highest grade of school completed ☐ 12 - GED ☐ Other COLLEGE ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18