

Agreement Number:	
Date Approved:	
Director of Apprenticeship:	



Part 1 – Parties to this Agreement – Completed by Apprentice:

Apprentice Name (Last, First, M.):	Address:	Telephone:
Birth Date (MM/DD/YY):	Social Security Number:	Email:

Part 1A – Apprentice Demographics Information – Completed by Apprentice (Providing this information is voluntary)

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did Not Self Identify	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (select ALL that apply): <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"/> Did Not Self Identify	Education Attained: <input type="checkbox"/> 8 th grade <input type="checkbox"/> 9 th to 12 th grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post-Secondary or Technical Training
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Self Identify	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Did Not Self Identify		

PART 2 – Parties to this Agreement – Completed by Sponsor:

Sponsor Name:		
Sponsor Contact Name:	Address:	Telephone:
		Email:
Employer Name (complete this section only when the employer differs from the sponsor):		
Employer Contact Name:	Address:	Telephone:
		Email:
Union (if any):		

PART 3 – Apprenticeship Detail – Completed by Sponsor:

Agreement Date:	Trade or Occupation Name:	Occupation's Code:	Standard Number:
Apprenticeship Start Date:	Probationary Period (Hrs, Mos, Yrs):	Apprenticeship Term (Hrs, Mos, Yrs):	Credit for Previous Experience:
Term Remaining (Hrs, Mos, Yrs):	Hours Per Week (OJT):	Related Instruction Training Hours:	Program Safety Training Hours:
Related Training Instruction Provider:		Apprentice Wages for Related Instruction: <input type="checkbox"/> Will be Paid <input type="checkbox"/> Will Not be Paid	

PART 4 – Wages – Completed by Sponsor:

Fringe Benefits Provided to Apprentice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fringe Benefit Details: <input type="checkbox"/> See Collective Bargaining Agreement (CBA) -or- <input type="checkbox"/> No CBA (If no CBA, list fringe benefits below)
List Fringe Benefits:	
Apprentice's Entry Hourly Wage Rate:	Journeyworker's Hourly Wage Rate:
Wage Schedule Detail:	

PART 5 – Signatures – Completed by All Parties to Agreement:

PARTIES DESIRE TO ENTER INTO AN AGREEMENT OF REGISTERED APPRENTICESHIP

Signature of Sponsor Representative:	Date:
Signature of Employer Representative:	Date:
Signature of Apprentice:	Date:

Apprentice to Complete

If giving credit for previous experience, complete page 3

PART 1A: Apprentices are not obligated to provide the requested demographic information. This section is voluntary.

Part 1A Definitions

Ethnicity:

- Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Race:

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can also be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Agreement Terms:

The Employer, Sponsor, and Apprentice mutually agree to the following terms:

- The terms of the Apprenticeship Standards are incorporated as part of this Agreement.
- Apprentice will be accorded equal opportunity in all phases of apprenticeship employment and training, without discrimination due to race, color, creed, religion, national origin, sex, sexual orientation, marital status, physical or mental disability, receipt of public assistance or age.
- Employer agrees to employ (or cause to be employed) the Apprentice for the purpose of enabling said Apprentice to learn the stated trade or occupation under applicable standards and according to the attached schedule.
- Apprentice agrees to perform diligently and faithfully the work of the stated trade or occupation, complying with the training program as scheduled and authorizes any institution where related training is received to release records of related training to the Director of Apprenticeship, the State Department of Education, the joint apprenticeship committee or its authorized representative, and/or the employer, understanding that the supervision and certification of apprenticeship programs, under applicable law, necessitates periodic review of related training records.
- The standard must provide a period of probation of not more than 500 hours of employment and instruction extending over not more than four months, during which time the Apprenticeship Agreement shall be terminated by the Director upon written request of either party, and providing that after such probationary period the Apprenticeship Agreement may be terminated by the Director by mutual agreement of all parties there to, or terminated by the Director for good and sufficient reason.
- Should the Employer be unable to fulfill their obligations under this agreement, it may, with the approval of the Director, transfer such contract to another employer, provided the Apprentice consents and such other employer agree to assume the obligations of this agreement.
- This agreement is subject to the approval of the Director of Apprenticeship, acting for the Minnesota Department of Labor and Industry. The Director may cancel the agreement upon application of either party, after a satisfactory showing of good cause, or on the Director's own initiative after investigation shows just cause for such action.

Complaint Process:

Any controversy or disagreement between the parties in relation to this agreement shall be, in the first instance, referred to the local joint apprenticeship committee which has approved it and whose decision shall be final and conclusive unless an appeal is made to the State Director of Apprenticeship as provided in the Minnesota voluntary Apprenticeship Law.

Complaints must be submitted in writing to the Division of Labor Standards and Apprenticeship within 60 days of the events giving rise to the complaint and must set forth the specific matters complained of together with relevant facts and circumstances.

Please Note:

Please advise Apprenticeship Minnesota promptly when training under this agreement is interrupted or terminated by any party. Please advise the division when an apprentice has successfully completed his/her training so a Certificate of Completion may be issued by the Director of Apprenticeship.



Apprenticeship Minnesota
Department of Labor & Industry
443 Lafayette Road N.
St. Paul, MN 55155-4341
Phone: 651-284-5090 Email: dli.apprenticeship@state.mn.us

School and Work Experience Form

Must be completed and included as supplement to Minnesota State Form LI 40001-02 when credit is being awarded the apprentice.

Apprentice Name

Trade

School Experience: List below trade related courses, workshops, factory schools, seminars, and/or in-house training taken. If no prior school experience is listed, please explain how the total credit amount was determined.

Name of Course	Where Taken	Inclusive Dates	Length of Course	Completed?

Work Experience: List below trade related work experience. (If none, so state)

Job Classification	Inclusive Dates	Employer (Name & City)	Months or hours worked in Job Classification

The undersigned and apprentice applicant acknowledge that the department may, in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein and state the information submitted is true, accurate and complete.

When credit is awarded, the apprentice shall be advanced in the graduated wage schedule accordingly. Note: Should little or no credit be awarded in connection with job related school and/or work experience listed above, briefly state basis for non-recognition of that experience on the reverse side of this sheet.

Credit awarded to apply to the apprenticeship term _____ (Hours or Months)

Sponsor's Signature

Apprentice's Signature

Title

Date

Date