

Department of Labor & Industries
 Apprenticeship Section
 PO Box 44530
 Olympia WA 98504-4530



APPLICATION FOR APPRENTICESHIP

App # (do not fill in)
Date: / /

Apprenticeship occupation applying for:		Name of Apprenticeship Program	
Applicants name		Social Security No. (for ID only)	
Address		Date of Birth / /	Phone number
City		State	Zip
Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>			Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>			

APPLICANT'S SCHOOL EXPERIENCE RECORD

High School	No. of yrs	Date finished / /	Name of School	City	State
Additional Schooling	No. of yrs	Date finished / /	Name of School	City	State

APPLICANT'S WORK EXPERIENCE

List the name & address of each employer for whom you have worked, including military service. List present employer in the first space.

Firm name & address	Nature of work done	Date of employment		Number of months
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	
		From / /	To / /	

Date	Applicant's legal signature
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RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)

Date of Aptitude Test / /	Result	Date application accepted / /	Date Rejected / /	Date rejection letter mailed / /
Reason for rejection:				
Remarks:				

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APPRENTICESHIP AGREEMENT

Washington State Apprenticeship and Training Council



Registration No.
Registration date:
Approved by
L&I Apprenticeship Coordinator:

Date of Agreement: / /

THIS AGREEMENT IS BETWEEN:

Name of registered apprenticeship program:
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AND

Apprentice full name (Last, First, Middle Name, Suffix) (please print or type)		Social Security No.
Address		
City	State	Zip
County:	Phone:	E-mail:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth / /	Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>		Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>		Electrical/Plumber/Other License/Certification Number (if required)

Term of apprenticeship (hours or months):	Apprenticeship occupation (from approved standards):	
Date apprenticeship begins: / /	Credit for previous experience (hours or months)	Registered at wage progression step:

The employer (training agent) and/or sponsor, the apprentice, and his/her parent or guardian (if a minor), hereby enter into the term of apprenticeship in conformity with the apprenticeship standards for the above trade, which has been approved by the Washington State Apprenticeship and Training Council, and are hereby made a part of this agreement with the same force and effect as though written herein.

This agreement must be approved by and registered with the Washington State Apprenticeship and Training Council and may be annulled by the said council upon the council's own motion, after giving all parties notice and opportunity to be heard.

The employer (training agent) and/or sponsor, agrees to train the apprentice, and the apprentice agrees to perform the work of the trade diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.

Apprenticeship standards received by apprentice: yes no _____ (initials)

APPRENTICE

(Apprentice - legal signature)
(Date signed)
(If a minor, parent or guardian signature)

SPONSOR

(Registered apprenticeship program authorized signature)
(Printed name of authorized signature)
(Date signed)

EMPLOYER (Authorized Training Agent)

Name of Employer (Authorized Training Agent) providing training (if applicable):	
Signature of Employer (Authorized Training Agent) (if applicable):	Date signed by Employer (Authorized Training Agent):