



APPRENTICE ENROLLMENT PACKET
Chesapeake Construction Education & Apprenticeship Trust
Training Program

All documents must be submitted for each NEW apprentice being registered.
Incomplete packets will be returned to you unprocessed
and will delay the registration. (please check off items when complete)

All applications must include the following:

- Registration fee of \$50.00 per applicant (non-refundable)
- Completed Student Application (both pages)
- NCCER Registration & Release Form
- Proof of Age (submit a copy of 1 of the following)
 - Valid Drivers License *or*
 - Valid Non-Driver's License *or*
 - Birth Certificate *or*
 - Passport
- Copy of Social Security Card

ABC of Chesapeake Shores Apprentice applications must also include:

- Maryland Apprenticeship Agreement Form
- 3 References – 2 Personal, 1 Professional
- Copy of High School Certificate, GED Certificate, or School Transcripts
- Proof of Veteran Status (if applicable)

Employer must include or have previously submitted the following:

- Employer Educational Contact Information Form
- Employer Acceptance Agreement (Initial Application Only)
- Employer Acceptance Agreement Supplemental Form (Yearly)
- Meet all Financial Obligations for Each Indentured Apprentice*

Company Registered Apprentice applications must also include:

- Copy of MD Apprenticeship Agreement (for companies that hold their own standards)

NOTE: If you are transferring from another program, please also include a copy of your transcript including certificates of completion, grades, attendance, and on-the-job training hours.

*Payment in full must be included with all applications.
Please contact ABC for the current rate at 410-267-0347
Credit Cards Accepted Include: Visa, MasterCard, Discover, AMEX
Company check or money order can be made payable to:
Chesapeake Construction Education & Apprenticeship Trust or CCEAT



STUDENT APPLICATION

All Applications Must be Accompanied by a \$50.00
Non-Refundable Application Fee

Information (please type or print clearly)

Date: _____

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____ / ____ / ____ Social Security No: ____ / ____ / ____

**ABC Chesapeake Shores holds apprenticeship classes in following counties:
Anne Arundel, Charles, Queen Anne's, Talbot, and Wicomico Counties**

Select Location (please select only one location)

Sprinkler Fitting

Location: Anne Arundel County Community College – Arnold, MD

Chesapeake College – Wye Mills, MD

College of Southern Maryland – Waldorf, MD

Other _____
(upon request)



STUDENT APPLICATION

All Applications Must be Accompanied by a \$50.00
Non-Refundable Application Fee

Work Experience:

Current or Most Recent Employer Information

Company Name: _____

Dates Employed: From: _____ To: _____

Position Held: _____

Company Contact: _____

Company Phone: _____

Education:

Name of School: _____

Years Attended: From: _____ To: _____

Name of School: _____

Years Attended: From: _____ To: _____

GED: _____ (Check if applicable)

Veteran Status: Non-Veteran Veteran Vietnam Era Veteran

Statistical Information:

Required for completion of the State required DLLR Apprenticeship Agreement

Sex: Male Female

Race/Ethnic Group:

Asian African American Hispanic

Native American Caucasian Other



STUDENT APPLICATION

All Applications Must be Accompanied by a \$50.00
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NCCER REGISTRATION & RELEASE FORM

AUTHORIZATION & RELEASE:

I, the undersigned, do hereby authorize Associated Builders and Contractors of Chesapeake Shores to release the information and results attained through the administering of the National Craft Assessment and Certification Program to the company referenced above, and acknowledge that said company is my present employer. I also do hereby release Associated Builders and Contractors Chesapeake Shores its representatives and its associating entities from any and all liability that may result from the release of this information. I further agree to hold harmless the Chesapeake Shores Chapter of Associated Builders and Contractors, its representatives and associating entities from and all damages for liability therefore which may result from the release of said information.

Signature of Apprentice/Craft Trainee _____ Date _____

Signature of Witness/Proctor* _____ Date _____
**If applicant is less than 18 years old, parent or guardian information and signature is required.*

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

RULES OF CONDUCT

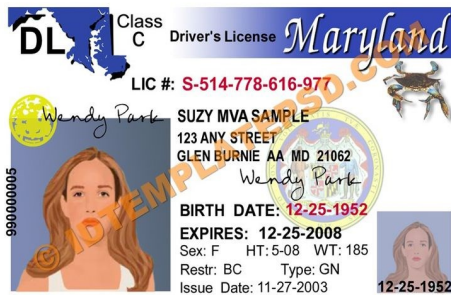
If accepted to the program, I agree to attend school on my own time, pursue the prescribed course of study related to the trade and comply with the local standards of craft training for the trade. I will abide by the decisions and rules of the persons responsible for conducting the program. I certify that answers given herein are true and completed to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in processing and maintaining status in the program. I understand that omissions, misrepresentations or falsifications of information will result in rejection or termination from the program. I also understand that I am required to abide by all rules and regulations of the companies for which I may work.

I have read and agree to the terms set forth in the NCCER Registration Authorization & Release and the Rules of Conduct listed above and agree to all terms set forth.

Signature: _____

Include a copy of ONE of the below documents:

Driver's License



OR

Passport

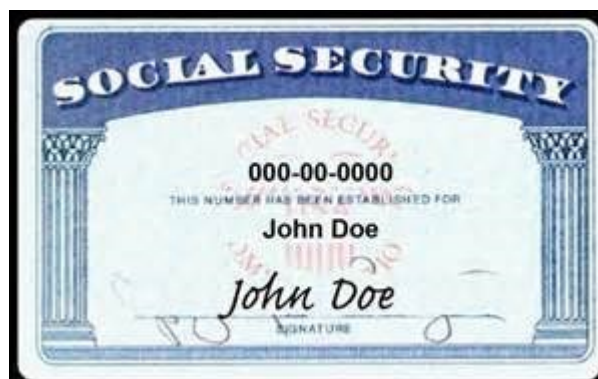


OR

Birth Certificate



AND include a copy of your Social Security Card:



Maryland

DEPARTMENT OF LABOR, LICENSING AND REGULATION
MARYLAND APPRENTICESHIP & TRAINING COUNCIL
 1100 NORTH EUTAW STREET, ROOM 606 BALTIMORE, MARYLAND 21201
 (410) 767-2246

Apprenticeship Agreement

The sponsor and apprentice whose signatures appear below agree to the terms and conditions set forth in the Apprenticeship Standards currently in effect and registered with the Maryland Apprenticeship and Training Council (MATC).

Further, the sponsor agrees that the apprentice shall be given equal opportunity in all phases of apprenticeship employment and training without discrimination because of political or religious opinion or affiliation, marital status, race, color, creed, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification or the physical or mental disability of a qualified individual with a disability in accordance with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship & Training.

The apprentice agrees to be diligent and faithful in learning the occupation in accordance with the terms and conditions set forth in the Apprenticeship Standards registered with the MATC.

This agreement may be terminated by either party without cause during the probationary period by submitting written notification of termination to the MATC. After the probationary period, this Agreement may be terminated for good cause with due notice to the apprentice and a reasonable opportunity for corrective action and with written notice to the apprentice and MATC of the final action taken.

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579)

Name of Sponsor ABC Chesapeake Shores		Name of Apprentice	
Address of Sponsor 100 West St. Annapolis, MD 21401		Address of Apprentice (Street, City, State, Zip Code)	
If Sponsor Is An Association, Participating Employer's Name		Date of Birth (M-D-Y)	Social Security Number
Sex	Occupation SPRINKLER FITTING	Length of Probation 500 hours	Veteran Status (X One) <input type="checkbox"/> Vietnam Era (8/15/64 - 6/7/75) <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non Veteran
Term of Apprenticeship 8,000 hours	Work Experience Credit _____ hours	Education Level (X One) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th grade or more <input type="checkbox"/> 12 th grade or more	Race/Ethnic Group (X One) <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> AM. Indian or Alaska <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Infor. Not Available <input type="checkbox"/> Other
Related Instruction Per Year Minimum 144 hours	Related Instruction Credit _____ hours	Will Apprentice Be Paid While Attending Class? Yes _____ No X _____	
Date Apprenticeship Began (MDY)	Projected Completion Date (MDY)		

School-To-Apprenticeship: Yes _____ No **X** _____ If Yes, Indicate County _____
 * * * * *

PROGRESSIVE WAGE SCHEDULE: The Journeyman Hourly Rate on _____ was \$ _____ per hour.

1 st <u>1000</u> HOURS <u>50</u> %	5 th <u>1000</u> HOURS <u>75</u> %	9 th _____ HOURS _____ %	13 th _____ HOURS _____ %
2 nd <u>1000</u> HOURS <u>55</u> %	6 th <u>1000</u> HOURS <u>85</u> %	10 th _____ HOURS _____ %	14 th _____ HOURS _____ %
3 rd <u>1000</u> HOURS <u>65</u> %	7 th <u>1000</u> HOURS <u>90</u> %	11 th _____ HOURS _____ %	15 th _____ HOURS _____ %
4 th <u>1000</u> HOURS <u>70</u> %	8 th <u>1000</u> HOURS <u>95</u> %	12 th _____ HOURS _____ %	16 th _____ HOURS _____ %

Signature of Sponsor ABC Chesapeake Shores Representative	Signature of Apprentice	Signature of Guardian (if appr. is under 18)
-------------------------------------------------------------------------	-------------------------	----------------------------------------------

REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL

DATE REGISTERED	_____, DIRECTOR	0769
SIGNATURE AND TITLE OF MATC OFFICIAL	SIGNATURE AND TITLE OF MATC OFFICIAL	MATC NUMBER



APPRENTICESHIP PROGRAM PERSONAL REFERENCE

Please complete two (2) Personal References

PLEASE PRINT

Applicant Name: _____

The above applicant is applying for admission to the ABC Chesapeake Shores Training Program. As a requirement, each candidate must provide three letters of reference. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful craft training student. Thank you for your cooperation.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I have known the applicant as a(n): Employee Friend Co-worker

Comments: _____

Signature: _____ **Date:** _____



APPRENTICESHIP PROGRAM PERSONAL REFERENCE

Please complete two (2) Personal References

PLEASE PRINT

Applicant Name: _____

The above applicant is applying for admission to the ABC Chesapeake Shores Training Program. As a requirement, each candidate must provide three letters of reference. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful craft training student. Thank you for your cooperation.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I have known the applicant as a(n): [] Employee [] Friend [] Co-worker

Comments: _____

Signature: _____ **Date:** _____



APPRENTICESHIP PROGRAM PROFESSIONAL REFERENCE

PLEASE PRINT

Applicant Name: _____

The above applicant is applying for admission to the ABC Chesapeake Shores Training Program. As a requirement, each candidate must provide three letters of reference. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful craft training student. Thank you for your cooperation.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I have known the applicant as a(n): Employee Friend Co-worker

Comments: _____

Signature: _____ **Date:** _____

Include a copy of ONE of the below documents:

High School or GED Diploma or Transcripts



Page 2 of 2

Also Include Proof of Veteran Status
(if applicable)



The
Following
section
is to be
completed by
Employer

(3 pages)



EMPLOYER EDUCATION CONTACT INFORMATION

Please complete the following information for the Education Contact at your company. This person will receive correspondence regarding students attendance, grades, OJT reports, etc., as well as the person who will be responsible for keeping ABC informed of employee changes (address, phone number, termination, etc.).

COMPANY NAME: _____

EDUCATION CONTACT NAME: _____

PHONE: _____ FAX: _____

EMAIL: _____

If your company has more than one person managing apprenticeship duties please include their information below.

EDUCATION CONTACT NAME: _____

PHONE: _____ FAX: _____

EMAIL: _____

EDUCATION CONTACT NAME: _____

PHONE: _____ FAX: _____

EMAIL: _____

If more space is needed please use an additional sheet of paper.

EMPLOYER ACCEPTANCE AGREEMENT

THIS AGREEMENT, entered into on this _____ day of _____, 20____, by and between the _____ Associated Builders and Contractors, Chesapeake Chapter # 0769 **APPRENTICESHIP COMMITTEE**, registered and existing under and by virtue of the laws of the State of Maryland, hereinafter referred to as "**THE COMMITTEE**," and _____ # _____, a contractor/subcontractor, hereinafter referred to as "**THE PARTICIPATING EMPLOYER**."

WITNESSETH

WHEREAS, **THE COMMITTEE** agrees to represent the _____ Associated Builders and Contractors, Chesapeake Chapter, **SPONSOR**, in carrying out the objectives of the *Apprenticeship* program; and
WHEREAS, _____ having received an approved copy of the **APPRENTICESHIP STANDARDS**, and concurring in the advantages of a uniform program for the development of *Apprenticeship*, does hereby request acceptance as a **PARTICIPATING EMPLOYER**.

NOW, THEREFORE, in consideration of the premises, **THE COMMITTEE** agrees to accept the undersigned as a **PARTICIPATING EMPLOYER**, under the provisions of the Group Non-Joint Apprenticeship Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked for good cause by the Maryland Apprenticeship and Training Council.

IT IS AGREED BETWEEN THE PARTIES, AS FOLLOWS:

1. **THE APPRENTICESHIP COMMITTEE** agrees to:
 - a. Recruit, select and refer applicants who have been duly processed according to the approved selection procedure;
 - b. Register those apprentices selected and employed;
 - c. Advise **PARTICIPATING EMPLOYER** of any future amendments to the *Apprenticeship* program;
 - d. Maintain adequate records to ascertain compliance with rules and regulations;
 - e. Inform **PARTICIPATING EMPLOYER** as to the progress of their apprentice(s);
 - f. Submit a copy of this executed agreement to the Maryland Apprenticeship and Training Council.

2. **THE PARTICIPATING EMPLOYER** agrees to:
 - a. Employ and train apprentices in accordance with the rules, regulations and decisions of **THE APPRENTICESHIP COMMITTEE**, as established and operated under said Standards, and to conduct, operate and administer its responsibility to the *Apprenticeship* program in conformity with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship;
 - b. Advise **THE APPRENTICESHIP COMMITTEE** of its desire for apprentices and accept for employment apprentices who have been referred by **THE COMMITTEE**;
 - c. Maintain records as **THE COMMITTEE** may require, and inform **THE COMMITTEE** as to the progress of the apprentice(s), on the job;
 - d. Meet all financial obligations to **THE APPRENTICESHIP COMMITTEE**, for each apprentice indentured; and
 - e. Forward information as to the journeyman and apprentice composition and average journeyman's wage rate, to **THE COMMITTEE**, as required.

IN WITNESS WHEREOF, **THE APPRENTICESHIP COMMITTEE** and **THE PARTICIPATING EMPLOYER**, have caused these presents to be executed in their behalf, on the day and year first above written.

THE APPRENTICESHIP COMMITTEE

By _____
(SIGNATURE)

Director of Education
(TITLE)

THE PARTICIPATING EMPLOYER

By _____
(SIGNATURE) (TITLE)

(COMPANY ADDRESS)

(CITY, STATE) (ZIP)

A copy of this agreement shall be submitted to the Maryland Apprenticeship and Training Council for their records immediately upon signing hereof.

_____ MD Council _____ B.A.T. _____ Sponsor _____ Participating Employer

(Revised: 11/03)

Initial Application Only

EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM

Associated Builders & Contractors Chesapeake Shores Chapter MATC # 0769
(Sponsor/Association Name)

This form is to be completed and attached to the Employer Acceptance Agreement when requested by the Apprenticeship Committee or by the Maryland Apprenticeship and Training Council.

PARTICIPATING EMPLOYER:

Company Name: _____ # _____

Address: _____

Telephone: _____ Fax: _____

As of _____, we employ the following number of persons in the occupation of:
(Month, Day, Year)

_____ (List each occupation on a separate sheet.)

_____ journeypersons, of which _____ are minority and _____ are female.

_____ total apprentices, of which _____ are registered with Associated Builders & Contractors Chesapeake Shores Chapter
(Name of Sponsor/Association)

and of which _____ of those are minority and _____ are female.

Our current average journeyman's wage rate for this occupation is \$ _____ per hour.

SUBMITTED BY:

(Employer's Signature)

(Sponsor/Association's Signature)

(Typed or Printed Name)

Nancy J. Tretick
(Typed or Printed Name)

(Title)

Director of Education
(Title)

(Date Signed)

(Date Signed)

_____ MD Council

_____ B.A.T.

_____ Sponsor

_____ Participating Employer