



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)

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: ____ / ____ / ____

Select Trade(s):

____ Electrical ____ HVAC ____ Plumbing ____ Sprinkler Fitter

Select Location (please select only one location):

____ Anne Arundel County Community College - Arnold, MD

____ Chesapeake College - Wye Mills, MD

____ Wor-Wic Community College - Salisbury, MD

____ College of Southern Maryland - Waldorf, MD

Other _____



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



APPRENTICESHIP AGREEMENT



Name of Sponsor: <input type="text"/>	Name of Apprentice: <input type="text"/>
Address of Sponsor (Street, City, State, Zip Code): <input type="text"/>	Address of Apprentice (Street, City, State, Zip Code): <input type="text"/>

School-To-Apprenticeship: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Indicate County: <input type="text"/>
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Progressive Wage Schedule: **The Journeyperson Hourly Rate on** _____ was \$ _____ per hour.

1st <input type="text"/> Hours <input type="text"/> %	5th <input type="text"/> Hours <input type="text"/> %	9th <input type="text"/> Hours <input type="text"/> %	13th <input type="text"/> Hours <input type="text"/> %
2nd <input type="text"/> Hours <input type="text"/> %	6th <input type="text"/> Hours <input type="text"/> %	10th <input type="text"/> Hours <input type="text"/> %	14th <input type="text"/> Hours <input type="text"/> %
3rd <input type="text"/> Hours <input type="text"/> %	7th <input type="text"/> Hours <input type="text"/> %	11th <input type="text"/> Hours <input type="text"/> %	15th <input type="text"/> Hours <input type="text"/> %
4th <input type="text"/> Hours <input type="text"/> %	8th <input type="text"/> Hours <input type="text"/> %	12th <input type="text"/> Hours <input type="text"/> %	16th <input type="text"/> Hours <input type="text"/> %

If Sponsor is an association, participating employer's name: <input type="text"/>		Date of Birth (M-D-Y): <input type="text"/>	Social Security Number: <input type="text"/>	Sex: <input type="text"/>
Occupation: <input type="text"/>	Length of Probation: <input type="text"/> 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	Race/Ethnic Group (X One) <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Information Not Available <input type="checkbox"/> Other	
Term of Apprenticeship: <input type="text"/> hours	Work Experience Credit: <input type="text"/> 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		
Related Instruction Per Year: <input type="text"/> hours	Related Instruction Credit: <input type="text"/> hours			
Date Apprenticeship Began: <input type="text"/>	Projected Completion Date: <input type="text"/>			

Signature of Sponsor	Signature of Apprentice	Signature of Guardian (if apprentice is under 18):
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REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL

Date Registered

Signature and Title of MATC Official

MATC Number

The sponsor and apprentice whose signatures appear in this document 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 and 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)

Division of Workforce Development and Adult Learning
Maryland Apprenticeship and Training Program
1100 N. Eutaw Street - Room 209
Baltimore, MD 21201
410-767-2246 | Fax: 410-333-5162
e-mail: dlmatpapprenticeshipandtraining-dllr@maryland.gov



Be advised that if you have not already applied for or obtained your DLLR Apprenticeship License, you must do so immediately. You can apply online at www.dllr.state.md.us.

According to State Law, you must be properly licensed to work on HVACR, Plumbing, or Electrical systems in the state of Maryland. Penalties include fines and possible jail time.

Please choose one of the following options, print your name, sign, and date.

1. _____ I do not have my DLLR Apprenticeship License and will apply to the DLLR for an application for the license.

2. _____ I have obtained my DLLR Apprenticeship License and will submit a photocopy to the ABC office for my file. I understand that it is my responsibility to renew this license upon the expiration date.

(Print Name)

(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 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: _____

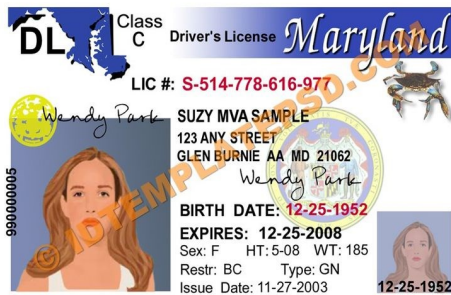
I have known the applicant as a(n): ☐ Employee ☐ Friend ☐ Co-worker

Comments: _____

Signature: _____ **Date:** _____

Include a copy of ONE of the below documents:

Driver's License



OR

Passport

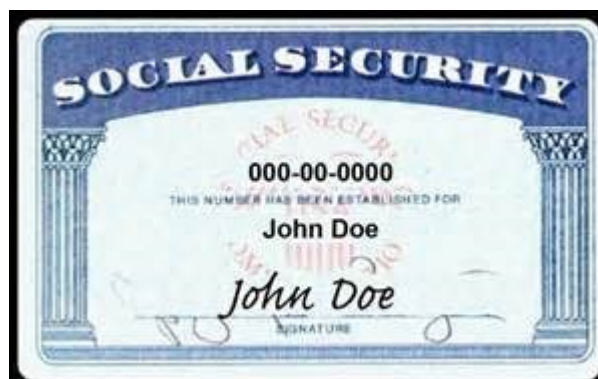


OR

Birth Certificate

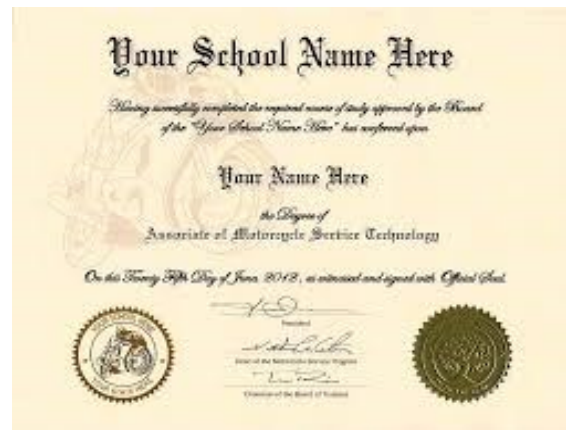


AND include a copy of your Social Security Card:



Include a copy of ONE of the below documents:

High School or GED Diploma or Transcripts



(Legal name of your home school - Official Transcript)

Name: (Student's name) DOB: (Student's date of birth) SSN: (Student's Soc. Sec. #)

Address: (Student's street address) (Student's city, state, and zip code)

Parent/Guardian: (Parent's name) (Parent's address) (Parent's city, state, and zip code)

DOB: (Student's date of birth) SSN: (Student's Soc. Sec. #)

School Attended: From: To: Name: Address:

Activities, Awards, Achievements, Honors, Volunteer Work, etc. From: To: Name:

Standardized Testing Information: Test: Date: Score: Location/Notes:

This certifies that the information herein is complete and accurate.

Signature: Title: Printed Name: Date: (Legal name of home school)

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Also Include Proof of Veteran Status
(if applicable)

