

APPRENTICE ACTION FORM

FIELD REP LAST NAME/# _____

SPONSOR NO _____

In accordance with the Privacy Protection Act of 1973, Sections 2.1-377-386 of the Code of Virginia, you are not legally required to complete this request for information concerning your race or sex or veteran status. This information is used by the Virginia Department of Labor and Industry and the U.S. Department of Labor for statistical analysis to determine the percentage of minorities, women, and veterans that participate in apprenticeship training. However, if you are applying for Veterans Administration (VA) benefits, you must indicate that you are a veteran.

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3 and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

Apprentice Name: (Type or print name as it should appear on completion certificate)

_____ **First Name** _____ **Middle Initial** _____ **Last Name** _____

Address _____ **City** _____ VA **Zip Code** _____ **Phone** _____

SSN _____ **Sex** _____ **Occupation** _____

Date of Birth _____ **Veteran** _____ **DOT/O*NET Code** _____

Race _____ **Credit** _____ **Length of Program** _____ **Hours - Probation** _____ **Hours** _____

Education Level _____ **Starting Date** _____ **Estimated Completion Date** _____

Name & Location Where Attained (If Credit Given) _____

Previously Registered as an apprentice with the State of Virginia only? Yes No Name of company/sponsor? _____

Related Instruction will be covered through _____

Related Instruction (Number Hours Per Year)	Apprentice Wages For Related Instruction		Competency <input checked="" type="checkbox"/> Time Based <input type="checkbox"/> Hybrid <input type="checkbox"/>	
	<input type="checkbox"/> Will Be Paid	<input type="checkbox"/> Will Not Be Paid		

Signature of Apprentice _____ **Date** _____ **Signature of Parent/Guardian (if minor)** _____ **Date** _____

Sponsor _____ **Name of Sponsor Representative** _____

Address _____ **City/County** _____ **FIPS** _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____ **Email** _____

PLEASE CHECK IF THIS IS A REGISTRATION SUPERSEDING AGREEMENT REINSTATEMENT
 STUDENT (H.S. CODE) COMMUNITY COLLEGE CODE

Journeyworker's Hourly Wage \$ _____ Apprentice's Entry Hourly Wage \$ _____

WAGES	Term (Hrs)	Period 1	2	3	4	5	6	7	8	9	10
Wage Rate											
(Mark One) % <input type="checkbox"/> \$ <input type="checkbox"/>											

Signature of Sponsor's Representative _____ **Date Signed** _____ **Name and Address of Sponsor Designee to Receive Complaints (if applicable)** _____

Registered with the Virginia Department of Labor and Industry _____ **Commissioner** _____ **Date** _____

COMPLETION Additional Credit Hours at time of Completion _____ (2,000 hours or more a letter is required)

Signature of Sponsor's Representative _____ **Title** _____ **Date** _____

Signature of Related Instruction Coordinator _____ **Date** _____

CANCELLATION **EFFECTIVE DATE** _____ **Reason** _____

Signature of Sponsor's Representative _____ **Date** _____