

## APPRENTICE AGREEMENT



☐ Prevailing rate work

☐ Non-prevailing rate work

**Annual Fee: \$35.00 for photo ID (please include one passport size photo)**

Apprentice ID Number:

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Standards, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Standards, WITNESSETH: that the Agreement is entered into by the undersigned:

Name of Apprentice			Address of Apprentice			
Name of Program Sponsor Employer, JAC, JATC, Association of Employers, or Organization of Employers						
Trade hours			Term of apprenticeship			
Date apprenticeship begins			Projected completion date			
Credit for previous on-the job experience			hours		Starting step number	
Graduated scale of wages in (percentages to be paid the apprentice. (Percentages are based on journey person wages) [on projects where there is a prevailing rate set by law, the rate of pay shall comply with the wage rate or percentages stated on the wage schedules issued by the Department of Labor Standards.] PERIOD(s):						
1st %	3rd %	5th %	7 <sup>th</sup> %	9 <sup>th</sup> %	11 <sup>th</sup> %	13 <sup>th</sup> %
2nd %	4 <sup>th</sup> %	6 <sup>th</sup> %	8 <sup>th</sup> %	10 <sup>th</sup> %	12 <sup>th</sup> %	14 <sup>th</sup> %

Minimum Journey person rate as of (Date) \_\_\_\_\_ is \$ \_\_\_\_\_ per hour  
HOWEVER ON PUBLIC WORK CONSTRUCTION PROJECTS PREVAILING WAGE RATES MUST BE PAID

\_\_\_\_\_ Hours per day \_\_\_\_\_ Hours per week. Overtime Rate: \_\_\_\_\_

The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement. I hereby authorize the Division of Apprentice Standards to request access to all my related training records directly from any school/training program I may attend as part of my apprenticeship.

**Signature of Apprentice**

**Signature of Program Sponsor**

**Signature Parent/Guardian, If Minor**

**Address of Program Sponsor**

**Signature of Union JAC, JATC**

Approved by the Division of Apprentice Standards \_\_\_\_\_ Date \_\_\_\_\_

The Program Sponsor and the Apprentice, by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following:

The apprentice program sponsor shall ensure that the apprentice receives a minimum of 150 hours per year of related instruction in all subjects related to the trade. Such instruction may be given in a classroom or through correspondence courses or other forms of self-study, but must be approved by the Director. The sponsor will not necessarily be responsible for paying the cost of the related instruction or any books, other written materials, or supplies necessary for such instruction. If however, the apprentice is to be responsible for all or any portion of such costs it must be specified below.

**Cost to be incurred by apprentice: (please have apprentice initial all item(s) that apply)**

Tuition \_\_\_\_\_ Books \_\_\_\_\_ Tools \_\_\_\_\_ None \_\_\_\_\_

Prior employment hourly pay rate \_\_\_\_\_ Received copy of *DAS Apprentice handbook* \_\_\_\_\_

Apprentice    Sponsor

\_\_\_\_\_    \_\_\_\_\_ The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Standards.

\_\_\_\_\_    \_\_\_\_\_ The Apprentice agrees to be diligent and faithful in learning the stated trade or craft including mandatory attendance in 150 hours of related instruction classes, for each year of Apprenticeship.

\_\_\_\_\_    \_\_\_\_\_ The first 1000 hours or six months of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Standards.

\_\_\_\_\_    \_\_\_\_\_ This agreement must be approved by and filed with the Division of Apprentice Standards before the apprentice starts work and copies must be returned to sponsor.

\_\_\_\_\_    \_\_\_\_\_ The Director of Apprentice Standards may cancel the agreement subject to hearing upon application by any party.

\_\_\_\_\_    \_\_\_\_\_ The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor Standards, and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Department of Labor Standards.

\_\_\_\_\_    \_\_\_\_\_ Completion of part or all of this last section of the Apprentice Agreement is **MANDATORY**.  
\_\_\_\_\_    \_\_\_\_\_ The information will remain confidential and will be used for aggregate statistical data only.

\_\_\_\_\_    \_\_\_\_\_ Apprentice has the LEGAL RIGHT TO WORK IN THE UNITED STATES

**To be completed by Apprentice**

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

**Gender**

☐ Male  
☐ Female

**Ethnicity**

☐ White ☐ Black ☐ American Indian or Alaskan Native  
☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

**Veteran**

☐ Vietnam Era Veteran  
☐ Other Veteran  
☐ Non Veteran

**Disabled**

☐ Yes  
☐ No

Circle highest grade of school completed ☐ 12 - GED ☐ Other COLLEGE ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

**Affidavit by Apprentice Applicant**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

State of Massachusetts, County of \_\_\_\_\_ being duly sworn deposes and says that he/she is the person referred to in the forgoing application; that the statements herein contained are true in every respect; and that he/she read and understands this affidavit.

Sworn and subscribed by me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(DAS Rep or Notary Public) Signature

\_\_\_\_\_  
(DAS Rep or Notary Public) Print Name

My Commission expires \_\_\_\_\_