

GOVERNMENT OF THE DISTRICT OF COLUMBIA

APPRENTICESHIP COUNCIL

4058 Minnesota Ave., N.E. Room 3900 Washington, D.C. 20019 FORM-ID:DCAC Form 2 Rev.5/02

APPRENTICESHIP AGREEMENT AND REGISTRATION FORM

Title 36, Chapter 1-A, D.C. of Laws (65 Stat. 204)

The sponsor and apprentice whose signature appear below agree to these terms of apprenticeship. WITNESSETH THAT: The Sponsor agrees to be responsible for the selection, placement and training of the APPRENTICE, and to abide by the D.C. State Plan for Equal Employment Opportunity in Apprenticeship and Training, and that the Apprentice agrees to apply himself diligently and faithfully to the work of the trade named therein during the period of apprenticeship, in accordance with the terms and conditions of the:

Asbestos Workers Local #24 JAC

(Name of Apprenticeship Standards)

incorporated in and made a part of this agreement; or, as covered by the terms and conditions on the reverse side of this agreement.

This AGREEMENT may be terminated by mutual consent of the		TRAINING DATA				
parties, citing cause(s) with notification to the Registration Agency.		Trade		Apprenticeship Term		
		Insulation Work	er	1 years		
NAME OF APPRENTICE: Test Four		Probationary P	eriod	Credit for previous		
				experience		
SOCIAL SECURITY NO. EMAIL ADDRESS 222442222 fsteam70@gmail.com		1 Months		50 hrs.		
		Completion Date		Date Apprenticeship		
ADDRESS (Number, Street, City, State, Zip Code)				begins		
Waterfront, Washington, DC, 20032		06/10/2021		06/10/2020		
NAME OF PARTICIPATING EMPLOYER OR SPONSOR AND		TO BE COMPLETED BY THE APPRENTICE				
ADDRESS 901 Montgomery Street , Laurel, MD, 20707			DATE OF BIRTH 06/10/2000 (Month. Dav. Year)			
SIGNATURE OF AUTHORIZED COMPANY	DATE	SEX	MALE	FEMALE		
		Answer Both A	Answer Both A and B (Definitions on reverse)			
OFFICIAL	06/10/2020	Ethnic Group	Ethnic Group 🔲 Hispanic or Latino			
KC Test	00/10/2020	(Mark one)	Not Hispani	c or Latino		
APPROVED BY JOINT APPRENTICESHIP	DATE			an Indian or Alaska Native		
COMMITTEE		Race	☑ Asian □ Black or African American			
test	06/10/2020	(Mark one)	=	African American awaiian or Other Pacific Islander		
APPROVED BY NON-JOINT COMMITTEE OR	DATE		 Caucasian or White Others 			
ASSOCIATION						
		VETERAN	Vietnam	Other Eligible		
		STATUS	 Vietnam Era Special Dis 			
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL DISTRICT OF COLUMBIA APPRENTICESHIP COUNCIL						
		HIGHES		8th grade or less 9th grade 10th grade 11th grade 12th grade		
		EDUCATI				
		LEVEL				
		(check highest	t grade			
				GED GED		
		DATE (Mo.,	Day, Yr.)	Registration No.		

TERMS AND CONDITIONS

1. A. During the below listed period of probation the apprenticeship agreement may be terminated by either party to the agreement upon written notice to the registration agency without cause.

1. B. After the probation period the agreement may be cancelled at the request of the apprentice and may be suspended, cancelled or terminated by the sponsor only for good cause with due notice to all parties concerned.

Probationary period: <u>11</u> months, or ____ hours.

2. In the event there are controversies arising out of the agreement and they can not be adjusted locally, either party should contact the registration agency listed on the face of this document.

3. The participating employer/sponsor shall be responsible for the employment, supervision and training of the apprentice currently registered.

4. Schedule of Work Process in Which the Apprentice is to Receive Adequately Supervised Instruction and Experience of Which a Record will be Kept and Periodically Evaluated:

(a) LIST HERE: Major divisions of the trade and work tasks required under each:

(b) LIST HERE: Approximate time, in hours, months, or percent of apprenticeship:

11

1

(b) Hours per day

(b) School or course

Per Approved Standards

5. Wage Rate To Be Paid the Apprentice Each Period of Apprenticeship: (Period may be expressed in hours, months, or years; rate shall be expressed in percent of journeyman's wage)

PERIODS:	RATES:	PERIODS:	RATES:	PERIODS:	RATES:
1st 2,000 Hrs. 2nd 2,000 Hrs. 3rd 2,000 Hrs. 4th 2,000 Hrs.	40.00% 50.00% 60.00% 70.00%	5th 2 <u>,000Hrs.</u> 6th <u>0Hrs.</u> 7th <u>0Hrs.</u> 8th 0Hrs.	80.00% 0.00% 0.00% 0.00%	9th <u>0Hrs</u> . 10th <u>0Hrs</u> . 11th <u>0Hrs</u> . 12th <u>0Hrs</u> .	0.00% 0.00% 0.00%
Journeyworker's/Me	entor's rate as of	06/10/2020 is <u>1</u>	 11.00per <u>hour_</u>	_	

6. Number of Hours per Week or per Day To Be Worked by the Apprentice:

(a) Hours per week ____1

7. Number of Hours Related Instruction:

(144 hours per year - 4 hours per week, during regular school year, is normally considered necessary. Where classes are not available through the local school, other organized trade, industrial, or correspondence course of equivalent value may be substituted only on approval by the Registration agency.)

(a) ____ / week or ____1 /year

(c) Apprentice 🗹 will 🗆 will not be compensated for hours spent in related instruction after regular working hours.

8. Other Provisions:

(a) There is reasonable certainty that the trade/occupation which the apprentice is being trained will be available to him/her upon completion of his/her apprenticeship.

(b) The apprentice will be accorded equal opportunity in all phases of apprenticeship employment and training without discrimination because of race, color, religion, national origin or sex.

(c) Upon request by the Joint Apprenticeship Committee or sponsor, a Certificate of Completion will be granted the apprentice by the Registration Agency upon satisfactory completion of the required number of hours actually worked in the trade/occupation as well as the satisfactory completion of the required number of hours of related instruction, in accordance with standards covered herein.

(d) If this project was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The collection of this information helps to track the long term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside gencies other than those involved with the support or oversight of the grant received by Department of Employment Services (DOES) and issued by the U.S. Department of Labor. Your information will never be sold or shared with third party agencies through your participation in grant supported training activities. Please direct any additional questions concerning the use of your personal information to Gemma Thomas at Gemma.thomas@dc.gov.

In addition, to requesting a range of information from project participants, including demographic information, the use of your Social Security Number is also requested in order to access wage and employment information through state databases. Although you cannot be denied service for failure to provide your Social Security Number, we strongly encourage you to do so in order to enable the project to quantify specific employment-related outcomes. Your personal information will be kept

9. I, the undersigned apprentice, have read all of the above and fully understand the responsibilities and requirements of this agreement.

Signature of Apprentice Test Four	Date (Mo., Day, Yr.) 06/10/2020	
Signature of Parent or Guardian if Apprentice is a Minor	Date (Mo., Day, Yr.)	
tewte	06/10/2020	