

STATE OF DELAWARE

Department of Labor
 Division of Industrial Affairs
 Apprenticeship & Training Section
 225 Corporate Blvd. Suites 104
 Newark DE 19702
 (302)451-3423(P) (302)368-6604(F)

ORIGINAL MUST BE SENT VIA MAIL

Apprentice ID:		Sponsor ID:		
NAME OF APPRENTICE : <i>(Last, First, M.I.)</i>		NAME OF THE PROGRAM SPONSOR :		
ADDRESS OF THE APPRENTICE : <i>(NO. & STREET)</i>		ADDRESS OF THE SPONSOR : <i>(NO. & STREET)</i>		
(CITY, STATE, ZIP CODE, COUNTY)		(CITY, STATE, ZIP CODE, COUNTY)		
SOCIAL SECURITY NO:	APPRENTICE PHONE #	RACE/ETHNIC GROUP: <i>(Check one)</i> <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER		
	SPONSOR PHONE #			
SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH :	AMERICAN CITIZEN : <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN : <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN AN APPRENTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL AND LOCATION :	JOURNEYPERSON RATE :	STARTING PAY RATE :	APPRENTICE PROBATIONARY PERIOD :	
TRADE:	CREDIT FOR PREVIOUS EXPERIENCE :	APPRENTICESHIP TERM :	TERM REMAINING :	

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:
1ST	<u>1 - 1000 HRS</u>	___%	6TH	<u>5001- 6000 HRS</u>	___%
2ND	<u>1001- 2000 HRS</u>	___%	7TH	<u>6001- 7000 HRS</u>	___%
3RD	<u>2001- 3000 HRS</u>	___%	8TH	<u>7001- 8000 HRS</u>	___%
4TH	<u>3001- 4000 HRS</u>	___%	9TH	<u>8000- 9000 HRS</u>	___%
5TH	<u>4001- 5000 HRS</u>	___%	10TH	<u>9000- 10000 HRS</u>	___%

SIGNATURE OF THE APPRENTICE :	DATE:
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL :	DATE:
SIGNATURE OF AUTHORIZED STATE OFFICIAL :	DATE APPRENTICESHIP BEGINS:

WORKSITE TRAINING COMPLETION/TERMINATION (PLEASE SIGN AT BOTTOM OF THE PAGE)

CHECK ONE:
 COMPLETED WORKSITE TRAINING LAYOFF (LACK OF WORK) PROGRAM TERMINATION QUIT TERMINATED FOR CAUSE (*EXPLAIN IN COMMENTS*)

COMPLETION OR TERMINATION DATE:
 COMMENTS: