



STUDENT ENROLLMENT PACKET

Chesapeake Construction Education Apprenticeship Trust
Training Program



The documents below must be submitted for each NEW student being registered. Incomplete document packets will be returned to you unprocessed and will delay the registration into the program.

Prospective students must submit the following:

- Registration fee of \$25.00 per student
- Completed ABC Application
- Maryland Apprentices Agreement Form
- NCCER Registration & Release
- 2 References– 1 Personal, 1 Professional
- Proof of Age (submit a copy of 1 of the following)
 - Valid Drivers License
 - Valid Non-Driver's License
 - Birth Certificate
 - Passport
- Employer Educational Contact Information Form
- Employer Acceptance Agreement
- Copy of High School Certificate, GED Certificate or School Transcripts
- If Applicable– Proof of Veteran Status

NOTE: If you are transferring from another program, please submit a copy of your transcript including certificates of completion, grades, attendance and on-the-job training hours along with the above documents and forms.

THIS APPLICATION WILL ONLY BE PROCESSED ONCE ALL RELATED DOCUMENTATION IS RECEIVED.

All applications must be accompanied with a non-refundable \$25.00 fee. Company check or money order can be made payable to:
Chesapeake Construction Education & Apprentices Trust.

Send application materials & requirements to:
Chesapeake Construction Education & Apprenticeship Trust
100 West Street Annapolis, MD 21401



Apprentice Application

All Applications Must be Accompanied by a \$25.00
Non-Refundable Application Fee



Information (please type or print clearly)

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Social Security Number: _____

ABC Chesapeake Shores holds apprenticeship classes in three convenient counties: Anne Arundel County, Charles County, and Wicomico County

Select One of Each (Trade & Location)

_____ Electrical
Location: _____ Anne Arundel County Community College– Arnold, MD
_____ College of Southern Maryland- Waldorf, MD

_____ HVAC
Location: _____ Anne Arundel County Community College– Arnold, MD
_____ College of Southern Maryland– Waldorf, MD
_____ Parkside High School– Salisbury, MD

_____ Plumbing
Location: _____ Anne Arundel County Community College– Arnold, MD
_____ College of Southern Maryland– Waldorf, MD
_____ Parkside High School– Salisbury, MD



Apprentice Application
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Work Experience

Current 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: _____

Veteran Status: ___ Non-Veteran ___ Veteran ___ Vietnam Era Veteran

Statistical Information

This information is needed for completion of the State required DLLR Apprenticeship Agreement

Sex: ___ Male ___ Female

Race/Ethnic Group: ___ Asian ___ African American ___ Hispanic
___ Native American ___ Caucasian ___ Other

Maryland

DEPARTMENT OF LABOR, LICENSING AND REGULATION
 MARYLAND APPRENTICESHIP & TRAINING COUNCIL
 1100 NORTH EUTAW STREET, ROOM 606 BALTIMORE, MARYLAND 21201
 (410) 767-2246

Apprenticeship Agreement

The sponsor and apprentice whose signatures appear below 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 & 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)

| | | | |
|---|-------------------------------------|--|--|
| Name of Sponsor ABC Chesapeake | | Name of Apprentice | |
| Address of Sponsor 100 West St. Annapolis, MD 21401 | | Address of Apprentice (Street, City, State, Zip Code) | |
| If Sponsor Is An Association, Participating Employer's Name | | Date of Birth (M-D-Y) | Social Security Number |
| Sex | Occupation | Length of Probation 500 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 |
| Term of Apprenticeship 8,000 hours | Work Experience Credit 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 | Race/Ethnic Group (X One) <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> AM, Indian or Alaska <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Infor. Not Available <input type="checkbox"/> Other |
| Related Instruction Per Year Minimum 144 hours | Related Instruction Credit hours | Will Apprentice Be Paid While Attending Class? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Date Apprenticeship Began (MDY) | Projected Completion Date (MDY) | | |

School-To-Apprenticeship: Yes No If Yes, Indicate County _____
 * * * * *

PROGRESSIVE WAGE SCHEDULE: The Journeyperson Hourly Rate on _____ was \$ _____ per hour.

1st 1000 HOURS 50% 5th 1000 HOURS 75% 9th _____ HOURS _____% 13th _____ HOURS _____%

2nd 1000 HOURS 55% 6th 1000 HOURS 80% 10th _____ HOURS _____% 14th _____ HOURS _____%

3rd 1000 HOURS 60% 7th 1000 HOURS 90% 11th _____ HOURS _____% 15th _____ HOURS _____%

4th 1000 HOURS 65% 8th 1000 HOURS 95% 12th _____ HOURS _____% 16th _____ HOURS _____%

| | | |
|--|-------------------------|--|
| Signature of Sponsor Angelica S. Faulkner | Signature of Apprentice | Signature of Guardian (if appr. is under 18) |
|--|-------------------------|--|

REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL

_____, DIRECTOR

DATE REGISTERED SIGNATURE AND TITLE OF MATC OFFICIAL MATC NUMBER



CRAFT TRAINING PROGRAM PERSONAL REFERENCE



PLEASE PRINT

Applicant Name:

The above applicant is applying for admission to the Chesapeake Construction Education Apprenticeship Training Program. As a requirement, each candidate must provide two 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: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

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

Comments: _____

Signature: _____ **Date:** _____



CRAFT TRAINING PROGRAM PROFESSIONAL REFERENCE



PLEASE PRINT

Applicant Name:

The above applicant is applying for admission to the Chesapeake Construction Education Apprenticeship Training Program. As a requirement, each candidate must provide two 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: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

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

Comments: _____

Signature: _____ **Date:** _____



Employer Educational Contact Information



Please complete the following information for the Education contact person at your company. This is the person who will receive correspondence regarding students (attendance, grades and misc.), as well as the person who will be responsible for keeping ABC abreast of employee changes (addresses, phone numbers, OJT's, terminations and etc).

NAME: _____

COMPANY NAME: _____

PHONE: FAX: _____

EMAIL: _____

If your company has more than one person managing apprenticeship duties please include their information below. If more space is needed please use an additional sheet of paper.

NAME: _____

COMPANY NAME: _____

PHONE: FAX: _____

EMAIL: _____

EMPLOYER ACCEPTANCE AGREEMENT

THIS AGREEMENT, entered into on this _____ day of _____, 20____, by and between the _____ Associated Builders and Contractors, Chesapeake Chapter _____ # 0769, **APPRENTICESHIP COMMITTEE**, registered and existing under and by virtue of the laws of the State of Maryland, hereinafter referred to as "**THE COMMITTEE**," and _____ # _____, a contractor/subcontractor, hereinafter referred to as "**THE PARTICIPATING EMPLOYER**."

WITNESSETH

WHEREAS, **THE COMMITTEE** agrees to represent the _____ Associated Builders and Contractors, Chesapeake Chapter____, **SPONSOR**, in carrying out the objectives of the *Apprenticeship* program; and
WHEREAS, _____ having received an approved copy of the **APPRENTICESHIP STANDARDS**, and concurring in the advantages of a uniform program for the development of *Apprenticeship*, does hereby request acceptance as a **PARTICIPATING EMPLOYER**.

NOW, THEREFORE, in consideration of the premises, **THE COMMITTEE** agrees to accept the undersigned as a **PARTICIPATING EMPLOYER**, under the provisions of the Group Non-Joint Apprenticeship Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked for good cause by the Maryland Apprenticeship and Training Council.

IT IS AGREED BETWEEN THE PARTIES, AS FOLLOWS:

1. **THE APPRENTICESHIP COMMITTEE** agrees to:
 - a. Recruit, select and refer applicants who have been duly processed according to the approved selection procedure;
 - b. Register those apprentices selected and employed;
 - c. Advise **PARTICIPATING EMPLOYER** of any future amendments to the *Apprenticeship* program;
 - d. Maintain adequate records to ascertain compliance with rules and regulations;
 - e. Inform **PARTICIPATING EMPLOYER** as to the progress of their apprentice(s);
 - f. Submit a copy of this executed agreement to the Maryland Apprenticeship and Training Council.
2. **THE PARTICIPATING EMPLOYER** agrees to:
 - a. Employ and train apprentices in accordance with the rules, regulations and decisions of **THE APPRENTICESHIP COMMITTEE**, as established and operated under said Standards, and to conduct, operate and administer its responsibility to the *Apprenticeship* program in conformity with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship;
 - b. Advise **THE APPRENTICESHIP COMMITTEE** of its desire for apprentices and accept for employment apprentices who have been referred by **THE COMMITTEE**;
 - c. Maintain records as **THE COMMITTEE** may require, and inform **THE COMMITTEE** as to the progress of the apprentice(s), on the job;
 - d. Meet all financial obligations to **THE APPRENTICESHIP COMMITTEE**, for each apprentice indentured; and
 - e. Forward information as to the journeyman and apprentice composition and average journeyman's wage rate, to **THE COMMITTEE**, as required.

IN WITNESS WHEREOF, **THE APPRENTICESHIP COMMITTEE** and **THE PARTICIPATING EMPLOYER**, have caused these presents to be executed in their behalf, on the day and year first above written.

THE APPRENTICESHIP COMMITTEE

By _____
(SIGNATURE)

Director of Education
(TITLE)

THE PARTICIPATING EMPLOYER

By _____
(SIGNATURE) (TITLE)

(COMPANY ADDRESS)

(CITY, STATE) (ZIP)

A copy of this agreement shall be submitted to the Maryland Apprenticeship and Training Council for their records immediately upon signing hereof.

_____ MD Council _____ B.A.T. _____ Sponsor _____ Participating Employer

EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM

Associated Builders & Contractors Chesapeake Chapter MATC # 0769
(Sponsor/Association Name)

This form is to be completed and attached to the Employer Acceptance Agreement when requested by the Apprenticeship Committee or by the Maryland Apprenticeship and Training Council.

PARTICIPATING EMPLOYER:

Company Name: _____ # _____

Address: _____

Telephone: _____ Fax: _____

As of _____, we employ the following number of persons in the occupation of:
(Month, Day, Year)

_____ (List each occupation on a separate sheet.)

_____ journeypersons, of which _____ are minority and _____ are female.

_____ total apprentices, of which _____ are registered with Associated Builders & Contractors Chesapeake Chapter
(Name of Sponsor/Association)

and of which _____ of those are minority and _____ are female.

Our current average journeyman's wage rate for this occupation is \$ _____ per hour.

SUBMITTED BY:

(Employer's Signature)

(Sponsor/Association's Signature)

(Typed or Printed Name)

Angelica Faulkner
(Typed or Printed Name)

(Title)

Director of Education
(Title)

(Date Signed)

(Date Signed)

_____ MD Council

_____ B.A.T.

_____ Sponsor

_____ Participating Employer