APPRENTICE ENROLLMENT PACKET
Chesapeake Construction Education & Apprenticeship Trust
Training Program

All documents must be submitted for each NEW apprentice being registered. **Incomplete packets will be returned to you unprocessed and will delay the registration.** *(please check off items when complete)*

**All applications must include the following:**

- Registration fee of $50.00 per applicant (non-refundable)
- Completed Student Application (both pages)
- NCCER Registration & Release Form
- Proof of Age (submit a copy of 1 of the following)
  - Valid Drivers License or
  - Valid Non-Driver’s License or
  - Birth Certificate or
  - Passport
- Copy of Social Security Card

**ABC of Chesapeake Shores Apprentice applications must also include:**

- Maryland Apprenticeship Agreement Form
- 3 References – 2 Personal, 1 Professional
- Copy of High School Certificate, GED Certificate, or School Transcripts
- Proof of Veteran Status (if applicable)

**Employer must include or have previously submitted the following:**

- Employer Educational Contact Information Form
- Employer Acceptance Agreement (Initial Application Only)
- Employer Acceptance Agreement Supplemental Form (Yearly)
- Meet all Financial Obligations for Each Indentured Apprentice*

**Company Registered Apprentice applications must also include:**

- Copy of MD Apprenticeship Agreement (for companies that hold their own standards)

  **NOTE:** If you are transferring from another program, please also include a copy of your transcript including certificates of completion, grades, attendance, and on-the-job training hours.

  *Payment in full must be included with all applications.
  Please contact ABC for the current rate at 410-267-0347
  Credit Cards Accepted Include: Visa, MasterCard, Discover, AMEX
  Company check or money order can be made payable to:
  Chesapeake Construction Education & Apprenticeship Trust or CCEAT
STUDENT APPLICATION
All Applications Must be Accompanied by a $50.00 Non-Refundable Application Fee

Information (please type or print clearly) Date: _______________________

Name: ________________________________________________________________

                                      Last                      First                      Middle Initial

Address: ______________________________________________________________

City: ___________________________ State: ___________ Zip: _______________

Home Phone: ____________________ Cell Phone: ____________________________

Email: ________________________________________________________________

Date of Birth: ___________ / ___________ / ___________ Social Security No: ___________ / ___________ / ___________

ABC Chesapeake Shores holds apprenticeship classes in following counties:
Anne Arundel, Charles, Queen Anne’s, Talbot, and Wicomico Counties

Select Location (please select only one location)

X  Electrical

Location:    ___ Anne Arundel County Community College – Arnold, MD

            ___ Chesapeake College – Wye Mills, MD

            ___ College of Southern Maryland – Waldorf, MD

            ___ Other _______________________________________________________

(upon request)
STUDENT APPLICATION
All Applications Must be Accompanied by a $50.00
Non-Refundable Application Fee

Work Experience:
Current or Most Recent 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: ____  (Check if applicable)

Veteran Status:  __Non-Veteran  ____ Veteran  ____ Vietnam Era Veteran

Statistical Information:
Required for completion of the State required DLLR Apprenticeship Agreement

Sex:  ___ Male    ___ Female

Race/Ethnic Group:
   ___ Asian   ___ African American   ___ Hispanic
   ___ Native American   ___ Caucasian   ___ Other
STUDENT APPLICATION
All Applications Must be Accompanied by a $50.00
Non-Refundable Application Fee

NCCER REGISTRATION & RELEASE FORM

AUTHORIZATION & RELEASE:

I, the undersigned, do hereby authorize Associated Builders and Contractors of Chesapeake Shores to release the information and results attained through the administering of the National Craft Assessment and Certification Program to the company referenced above, and acknowledge that said company is my present employer. I also do hereby release Associated Builders and Contractors Chesapeake Shores its representatives and its associating entities from any and all liability that may result from the release of this information. I further agree to hold harmless the Chesapeake Shores Chapter of Associated Builders and Contractors, its representatives and associating entities from and all damages for liability therefore which may result from the release of said information.

Signature of Apprentice/Craft Trainee
Date

Signature of Witness/Proctor*
Date

*If applicant is less than 18 years old, parent or guardian information and signature is required.

Name:
Last
First
Middle Initial

Address:

City: State: Zip:

RULES OF CONDUCT

If accepted to the program, I agree to attend school on my own time, pursue the prescribed course of study related to the trade and comply with the local standards of craft training for the trade. I will abide by the decisions and rules of the persons responsible for conducting the program. I certify that answers given herein are true and completed to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in processing and maintaining status in the program. I understand that omissions, misrepresentations or falsifications of information will result in rejection or termination from the program. I also understand that I am required to abide by all rules and regulations of the companies for which I may work.

I have read and agree to the terms set forth in the NCCER Registration Authorization & Release and the Rules of Conduct listed above and agree to all terms set forth.

Signature: __________________________
Include a copy of **ONE** of the below documents:

Driver’s License

OR

Passport

OR

Birth Certificate

AND include a copy of your Social Security Card:
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 otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579)

<table>
<thead>
<tr>
<th>Name of Sponsor</th>
<th>Name of Apprentice</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Chesapeake Shores</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Sponsor</th>
<th>Address of Apprentice</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 West St.</td>
<td>(Street, City, State, Zip Code)</td>
</tr>
<tr>
<td>Annapolis, MD 21401</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If Sponsor Is An Association, Participating Employer’s Name</th>
<th>Date of Birth (M-D-Y)</th>
<th>Social Security Number</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Length of Probation</th>
<th>Veteran Status (X One)</th>
<th>Race/Ethnic Group (X One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical</td>
<td>500 hours</td>
<td>Vietnam Era (8/15/64 - 6/7/75)</td>
<td>White (Not Hispanic)</td>
</tr>
<tr>
<td>Term of Apprenticeship</td>
<td>8,000 hours</td>
<td>Other Veteran</td>
<td>Black (Not Hispanic)</td>
</tr>
<tr>
<td>Work Experience Credit</td>
<td></td>
<td>Non Veteran</td>
<td>Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AM. Indian or Alaska</td>
<td>Asian or Pacific Islander</td>
</tr>
<tr>
<td>Related Instruction Per Year</td>
<td>Related Instruction Credit</td>
<td>8th grade or less</td>
<td>Infor. Not Available</td>
</tr>
<tr>
<td>Minimum</td>
<td>144 hours</td>
<td>9th grade or more</td>
<td>Other</td>
</tr>
<tr>
<td>Date Apprenticeship Began (MDY)</td>
<td>Projected Completion Date (MDY)</td>
<td>12th grade or more</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will Apprentice Be Paid While Attending Class?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

School-To-Apprenticeship: Yes X No

If Yes, Indicate County

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

1st $1000 HOURS 50% 2nd $1000 HOURS 55% 3rd $1000 HOURS 60% 4th $1000 HOURS 70% 5th $1000 HOURS 75% 6th $1000 HOURS 80% 7th $1000 HOURS 85% 8th $1000 HOURS 90% 9th $1000 HOURS 95% 10th $1000 HOURS 100% 11th $1000 HOURS 105% 12th $1000 HOURS 110% 13th $1000 HOURS 115% 14th $1000 HOURS 120% 15th $1000 HOURS 125% 16th $1000 HOURS 130%

Signature of Sponsor
ABC Chesapeake Shores Representative

Signature of Apprentice

Signature of Guardian (if appr. is under 18)

REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL

Date Registered
Signature and Title of MATC Official
MATC Number
Apprenticeship Program
Personal Reference

Please complete two (2) Personal References

Please PRINT

Applicant Name: ____________________________________________

The above applicant is applying for admission to the ABC Chesapeake Shores Training Program. As a requirement, each candidate must provide three 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: ____________________________________________

City: __________________ State: _______ Zip Code: _________

Phone Number: ____________________________________________

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

Comments: ____________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Signature: ____________________________________________ Date: ____________
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Address: __________________________________________________________________

City: __________________ State: _______ Zip Code: _____________

Phone Number: __________________________________________________________

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

Comments: __________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________ Date: ______________
Apprenticeship Program
Professional Reference

PLEASE PRINT

Applicant Name: ________________________________________________

The above applicant is applying for admission to the ABC Chesapeake Shores
Training Program. As a requirement, each candidate must provide three 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: ______________________________________________________

City: ___________________________  State: ____________  Zip Code: ________

Phone Number: __________________________________________________

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

Comments: ______________________________________________________
______________
______________
______________

______________________________________________________________

Signature: ___________________________  Date: ____________
Include a copy of **ONE** of the below documents:

High School or GED Diploma or Transcripts

Also Include Proof of Veteran Status
(if applicable)
The Following section is to be completed by Employer

(3 pages)
EMPLOYER EDUCATION
CONTACT INFORMATION

Please complete the following information for the Education Contact at your company. This person will receive correspondence regarding students attendance, grades, OJT reports, etc., as well as the person who will be responsible for keeping ABC informed of employee changes (address, phone number, termination, etc.).

COMPANY NAME: ____________________________________________

EDUCATION CONTACT NAME: ________________________________

PHONE: ________________________    FAX: ________________________

EMAIL: ________________________________

If your company has more than one person managing apprenticeship duties please include their information below.

EDUCATION CONTACT NAME: ________________________________

PHONE: ________________________    FAX: ________________________

EMAIL: ________________________________

EDUCATION CONTACT NAME: ________________________________

PHONE: ________________________    FAX: ________________________

EMAIL: ________________________________

If more space is needed please use an additional sheet of paper.
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 journeyperson and apprentice composition and average journeyperson'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

(Revised: 11/03)

Initial Application Only
EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM

Associated Builders & Contractors  Chesapeake Shores 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 Shores Chapter
(Name of Sponsor/Association)

and of which _______ of those are minority and _________ are female.

Our current average journeyperson’s wage rate for this occupation is $ ____________ per hour.

SUBMITTED BY:

________________________________________  ______________________________________
(Employer’s Signature)  (Sponsor/Association’s Signature)

________________________________________  ______________________________________
(Typed or Printed Name)  (Typed or Printed Name)

________________________________________  ______________________________________
(Title)  (Title)

________________________________________  ______________________________________
(Date Signed)  (Date Signed)

*****************************************************************************************************************************

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

(Revised: 11/03)

To be Updated Yearly