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
- DLLR License Request Form
- Proof of Age (submit a copy of 1 of the following)
  - Valid Drivers License or
  - Valid Non-Drivers 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

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

—— 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: ____________________________
To: All ABC Mechanical Apprentices  
From: ABC Apprenticeship Department  
Re: DLLR Apprentice License

Be advised that if you have not already applied for or obtained your DLLR Apprenticeship License, you must do so immediately. You can apply online at www.dllr.state.md.us.

According to State Law, you must be properly licensed to work on HVACR or Plumbing systems in the state of Maryland. Penalties include fines and possible jail time.

Please choose one of the following options, print your name, sign, and date.

--_______ I do not have my DLLR Apprenticeship License and will apply to the DLLR for an application for the license.

_______ I have obtained my DLLR Apprenticeship License and will submit a photocopy to the ABC office for my file. I understand that it is my responsibility to renew this license upon the expiration date.

__________________________
(Print Name)

__________________________
(Signature)

__________________________
(Date)
Include a copy of **ONE** of the below documents:

- Driver’s License
- Passport
- 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 be otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579)

Name of Sponsor
ABC Chesapeake Shores

Address of Sponsor
100 West St.
Annapolis, MD 21401

Name of Apprentice

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

Veteran Status (X One)

Vietnam Era (8/15/64 - 6/7/75)

Other Veteran

Non Veteran

Race/Ethnic Group (X One)

White (Not Hispanic)

Black (Not Hispanic)

Hispanic

AM. Indian or Alaska

Asian or Pacific Islander

Infor. Not Available

Other

Education Level (X One)

8th grade or less

9th grade or more

12th grade or more

Related Instruction Credit

Related Instruction Per Year

Minimum 144 hours

Date Apprenticeship Began (MDY)

Projected Completion Date (MDY)

Will Apprentice Be Paid While Attending Class? Yes ___ No ___

School-To-Apprenticeship: Yes ___ No ___

If Yes, Indicate County

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

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<th>Week</th>
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<td>16th</td>
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</tbody>
</table>

Signature of Sponsor
ABC Chesapeake Shores Representative

Signature of Apprentice

Signature of Guardian (if apprentice is under 18)

REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL

DATE REGISTERED

SIGNATURE AND TITLE OF MATC OFFICIAL

DIRECTOR

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: ___________
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.

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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: ____________
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.
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
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:

_________________________________ ________________________________

(Employee’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