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-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

**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 Plumbing

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

—— Chesapeake College – Wye Mills, MD

—— College of Southern Maryland – Waldorf, MD

—— Other

(unupon 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](http://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
- 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 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)

Date of Birth (M-D-Y): ___________________________ Social Security Number: ___________________________

Veteran Status (X One): Vietnam Era (8/15/64 - 6/7/75) Black (Not Hispanic)
Non Veteran: Hispanic
Other Veteran: AM. Indian or Alaska

Education Level (X One): 8th grade or less
9th grade or more
12th grade or more

Sex: _______ Male _______ Female

Occupation: PLUMBING
Length of Probation: 500 hours

Term of Apprenticeship: 8,000 hours

Minimum Related Instruction Per Year: 144 hours

Related Instruction Credit:__________________________ Projected Completion Date (M-D-Y): ____________________________

Will Apprentice Be Paid While Attending Class? Yes ______ No X

School-To-Apprenticeship: Yes ______ No X

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 85 % 11th HOURS % 15th HOURS %
4th 1000 HOURS 70 % 8th 1000 HOURS 90 % 12th HOURS % 16th HOURS %

Signature of Sponsor: ____________________________
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: ____________________________

DIRECTOR: _______0769_________ MATC NUMBER: ____________________________
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:  
Please complete two (2) Personal References
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
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)
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                   THE PARTICIPATING EMPLOYER

By ______________________________  By ______________________________
(SIGNATURE)                          (SIGNATURE)                         (TITLE)

____________________  ______________________
(Director of Education)                  (COMPANY ADDRESS)
(TITLE)                                    (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

(Partner Organization Name)  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