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State of California — Department of Industrial Relations — DIVISION OF APPRENTICESHIP STANDARDS

APPRENTICE AGREEMENT

APPRENTICE NAME				SOCIAL SECURITY NO.			
APPRENTICE ADDRESS (NUMBER AND STREET, CITY AND ZIP CODE)				COUNTY OF RESIDENCE			
OCCUPATION							
TERM OF APPRENTICESHIP		STRAIGHT TIME		IN AGREEMENT WITH (5)			
Hours Within	Years	Hours per Day:	Hours per Week:				

AGREEMENT: The undersigned parties mutually agree that they will use their best endeavors to secure employment and training for the apprentice. The apprentice agrees to perform satisfactorily all work and learning assignments. The provisions of the Apprenticeship Standards for the above occupation adopted by the employer and/or the union and/or the apprenticeship committee and approved by the Chief of the Division of Apprenticeship Standards, are hereby made a part of this agreement. An official copy of the standards is on file in the headquarters of the Division of Apprenticeship Standards. This apprentice agreement will continue in effect until the training is completed or otherwise terminated in accordance with the standards.

EVALUATION: The apprentice commenced training under these standards on _____, 19____. The signatory apprentice is credited with having _____ months toward completion of the term of apprenticeship prior to the above date. The apprentice is expected to complete training on or about _____, 19____, upon satisfactory completion of the total remaining hours of on-the-job training and hours and/or units of related and supplemental instruction.

APPRENTICE: I, the undersigned apprentice, understand and agree that there is a valid and reasonable necessity that those academic records accumulated throughout related and supplemental instruction during my period of apprenticeship be made available to the apprenticeship committee. Further, I agree to release to the apprenticeship committee any other academic records which I feel may enhance my status as an apprentice.

SIGNATURES	
APPRENTICE SIGNATURE	NAME OF EMPLOYER
APPRENTICE BIRTHDAY	ADDRESS OF EMPLOYER
VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BY — SIGNATURE
IF YES C Number:	TITLE
SIGNATURE OF PARENT OR GUARDIAN (IF APPRENTICE IS 16 OR 17)	
AGREED AND APPROVED	
NAME OF APPRENTICESHIP COMMITTEE	
SIGNATURE—SECRETARY / CHAIR / COORDINATOR	DATE
SIGNATURE—APPRENTICESHIP CONSULTANT	DATE