

# APPRENTICESHIP AGREEMENT

Washington State Apprenticeship and Training Council



Date of Agreement: / /
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Registration No.
Registration date:
Approved by
L&I Apprenticeship Coordinator:

**THIS AGREEMENT IS BETWEEN:**

Name of registered apprenticeship program: <b>Inland North West Masonry JATC</b>
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**AND**

Apprentice full name (Last, First, Middle Name, Suffix) (please print or type)		Social Security No.
Address		
City		State
Zip		
County:	Phone:	E-mail:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth / /	Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>		Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>		Electrical/Plumber/Other License/Certification Number (if required)

Term of apprenticeship (hours or months): <b>4900 hours</b>	Apprenticeship occupation (from approved standards): <b>Bricklayer</b>	
Date apprenticeship begins: / /	Credit for previous experience (hours or months):	Registered at wage progression step:

The employer (training agent) and/or sponsor, the apprentice, and his/her parent or guardian (if a minor), hereby enter into the term of apprenticeship in conformity with the apprenticeship standards for the above trade, which has been approved by the Washington State Apprenticeship and Training Council, and are hereby made a part of this agreement with the same force and effect as though written herein.

This agreement must be approved by and registered with the Washington State Apprenticeship and Training Council and may be annulled by the said council upon the council's own motion, after giving all parties notice and opportunity to be heard.

The employer (training agent) and/or sponsor, agrees to train the apprentice, and the apprentice agrees to perform the work of the trade diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.

Apprenticeship standards received by apprentice: yes  no  \_\_\_\_\_ (initials)

**APPRENTICE**

(Apprentice - legal signature)
(Date signed)
(If a minor, parent or guardian signature)

**SPONSOR**

(Registered apprenticeship program authorized signature)
(Printed name of authorized signature) <b>David Frangione</b>
(Date signed)

**EMPLOYER (Authorized Training Agent)**

Name of Employer (Authorized Training Agent) providing training (if applicable):	
Signature of Employer (Authorized Training Agent) (if applicable):	Date signed by Employer (Authorized Training Agent):