

Program Registration and Apprenticeship Agreement



NEVADA LABOR COMMISSIONER  
NEVADA STATE APPRENTICESHIP COUNCIL

APPRENTICE REGISTRATION

**Warning: This agreement does not constitute a certification under NRS 610, NAC 610, Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 24)**

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29 and NRS & NAC 610.

**PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.**

Apprentice Identification Number:		Answer Both A and B (Voluntary)		5. Veteran Status (Mark one)	
1. Name of Apprentice:		4. a. Ethnic Group (Mark one)		<input type="checkbox"/> Non-Veteran	
Last Name, First Name, Initial		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Veteran	
Address		<input type="checkbox"/> Not Hispanic or Latino		6. Education Level (Mark one)	
City State Zip Code		b. Race (Mark one or more)		<input type="checkbox"/> 8th grade or less	
2. Date of Birth (Mo., Day, Yr.)		<input type="checkbox"/> American Indian or Alaska native		<input type="checkbox"/> 9th to 12th grade	
3. Sex (Mark one)		<input type="checkbox"/> Asian		<input type="checkbox"/> GED	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Black or African American		<input type="checkbox"/> High School Graduate or Greater	
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Post-Secondary or Technical Training	
		<input type="checkbox"/> White			
7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee					
7b. Career Connection (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans					
<input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School-to-Registered Apprenticeship					
8. Signature of Apprentice			9. Signature of Parent/Guardian (if minor)		
Date			Date		

**PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.**

1. Sponsor Program No.		2a. Occupation (The work processes listed in the standards are part of this agreement).		2b. Occupation Code:									
Sponsor Name													
Address		3. Occupation Training Approach (Mark one)		4. Term (Hrs., Mos., Yrs.)									
City State Zip Code		3a. <input type="checkbox"/> Time-Based		5. Probationary Period (Hrs., Mos., Yrs.)									
		3b. <input type="checkbox"/> Competency-Based											
		3c. <input type="checkbox"/> Hybrid											
		6. Credit for Previous Experience (Hrs., Mos., Yrs.)		7. Term Remaining (Hrs., Mos., Yrs.)									
				8. Date Apprenticeship Begins									
9a. Related Instruction (Number of Hours Per Year)		9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid		9c. Related Training Instruction Source									
10. Wages:													
10a. Pre-Apprenticeship Hourly Wage \$ _____ 10b. Apprentice's Entry Hourly Wage \$ _____ 10c. Journeyworker's Hourly Wage \$ _____													
Check Box		Period 1 2 3 4 5 6 7 8 9 10											
10d. Term <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.													
10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>													
11. Signature of Sponsor's Representative		Date Signed		12. Name and Address of Sponsor Designee to Receive Complaints (If applicable)									
				Name Address									
				City State Zip Code									

**PART C: TO BE COMPLETED BY REGISTRATION AGENCY**

1. Registration Agency and Address: NEVADA LABOR COMMISSIONER 3300 West Sahara Avenue Ste 225, Las Vegas NV 89102		2. Signature State Apprentice Director		3. Date Registered	
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