Appendix B

APPRENTICESHIP AGREEMENT

AND

APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP

Name of JATC
or
Name of Employer and Name of Union

RAPIDS PROGRAM ID NUMBER: _____

DEVELOPED IN COOPERATION WITH THE
THE NEVADA LABOR COMMISSIONER, THE NEVADA STATE APPRENTICESHIP COUNCIL, AND THE U.S. DEPARTMENT OF LABOR

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:

1. Name of Apprentice:

Last Name, First Name, Initial

Address

City State Zip Code

2. Date of Birth (Mo., Day, Yr.)

3. Sex (Mark one) ☐ Male ☐ Female

Answer Both A and B (Voluntary)

4. a. Ethnic Group (Mark one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

b. Race (Mark one or more)
☐ American Indian or Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

5. Veteran Status (Mark one)
☐ Non-Veteran
☐ Veteran

6. Education Level (Mark one)
☐ 8th grade or less
☐ 9th to 12th grade
☐ GED
☐ High School Graduate or Greater
☐ Post-Secondary or Technical Training

7a. Employment Status (Mark one) ☐ New Employee ☐ Existing Employee

7b. Career Connection (Mark one) (Instructions on reverse) ☐ None ☐ Pre-Apprenticeship ☐ Technical Training School ☐ Military Veterans ☐ Job Corps ☐ YouthBuild ☐ HUD/STEP-UP ☐ Career Center Referral ☐ School-to-Registered Apprenticeship

8. Signature of Apprentice Date

9. Signature of Parent/Guardian (if minor) Date

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

1. Sponsor Program No.

Sponsor Name

Address

City State Zip Code

2a. Occupation (The work processes listed in the standards are part of this agreement).

2b Occupation Code:

3. Occupation Training Approach (Mark one)
3a. ☐ Time-Based
3b. ☐ Competency-Based
3c. ☐ Hybrid

4. Term (Hrs., Mos., Yrs.)

5. Probationary Period (Hrs., Mos., Yrs.)

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 ☐ Will Be Paid ☐ 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 ☐ Hrs., ☐ Mos., or ☐ Yrs.										
10e. Wage Rate (Mark one) % ☐ or $ ☐										

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

Program Definitions and/or Instructions:

Part A

Item 4.a. Definition - Ethnic Group:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Item 4.b. Definitions - Race:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Item 7b. Instructions:

Indicate any career connection (definitions follow). Enter "None" if no career connection applies.

Pre-Apprenticeship. A program or set of strategies designed to prepare individuals to enter and succeed in a Registered Apprenticeship program which has or have a documented partnership(s) with a Registered Apprenticeship program(s).

Technical Training School. Graduates trained in an occupation from a technical training school related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

Military Veterans. Veterans that completed a military technical training school and/or elect to participate in the Building and Construction Trades Helmets to Hardhats Program or trained in an occupation while in the military related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

Job Corps. Graduates trained in an occupation from a federally funded Job Corps center related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

YouthBuild. Graduates trained in an occupation from a federally funded YouthBuild program related to an occupation registered by the sponsor and who meet the minimum qualifications for Registered Apprenticeship.

HUD/STEP-UP. Applicants who successfully participated in the U.S. Department of Housing and Urban Development Step-Up program and received an apprenticeship experience which meets the minimum qualifications for Registered Apprenticeship.

Career Center Referral. Includes career center participants referred to the Registered Apprenticeship Program and/or apprentice(s) that receive workforce system funded services that support their participation in a Registered Apprenticeship program. This may include the use of individual training accounts and/or on-the-job training reimbursements.

School-to-Registered Apprenticeship. Program designed to allow high school youth ages 16 - 17 to enter a Registered Apprenticeship program and continue after graduation with full credit given for the high school portion.

Part B

Item 3. Occupation Training Approach. The program sponsor decides which of the three training methods to use in the program as follows:

3.a. Time-Based Training Approach - apprentice required to complete a specific number of hours of on-the-job learning (OJL) and related training instruction (RTI).

3.b. Competency-Based Training Approach - apprentice required to demonstrate competency in defined subject areas and does not require any specific hours of OJL or RTI; or

3.c. Hybrid-Training Approach - apprentice required to complete a minimum number of OJL and RTI hours and demonstrate competency in the defined subject areas.

Item 4. Term (Hrs., Mos., Yrs.). Based on the program sponsor's training approach. See Part B, Item 4. Available in the terms of the Apprenticeship Standards.

Item 5. Probationary Period (Hrs. Mos., Yrs.) Probation period cannot exceed 25 percent of the length of the program or one year, whichever is shorter.

Item 7. Term Remaining (Hrs., Mos., Yrs.). Under Part B, Item 6., Credit for Previous Experience (Hrs., Mos., Yrs.) is determined by the program sponsor. The Term Remaining (Hrs., Mos., Yrs.) in Part B, Item 7., for the apprentice to complete the apprenticeship is based on the training approach indicated in Part B, Item 3. The term remaining is available in the terms of the Apprenticeship Standards.

Item 10. Wage Instructions:

10a. Pre-Apprentice hourly wage: sponsor enters the individual's hourly wage in the quarter prior to becoming an apprentice.

10b. Apprentice's entry hourly wage (hourly dollar amount paid): sponsor enters this apprentice's entry hourly wage.

10c. Journeyworker's wage: sponsor enters wage per hour.

10d. Term: sponsor enters in each box the apprentice schedule of pay for each advancement period based on the program sponsor's training approach. See Part B, Item 3. and is available in the terms of the Apprenticeship Standards.

10e. Percent or dollar amount: sponsor marks one.

Note: 10c. If the employer is signatory to a collective bargaining agreement, the journeyworker's wage rate in the applicable collective bargaining agreement is identified. Apprenticeship program sponsors not covered by a collective bargaining agreement must identify a minimum journeyworker's hourly wage rate that will be the basis for the progressive wage schedule identified in Item 10e, of this agreement.

10d. The employer agrees to pay the hourly wage rate identified in this section to the apprentice each period of the apprenticeship based on the successful completion of the training approach and related instructions outlined in the Apprenticeship Standards. The period may be expressed in hours, months, or years.

10e. The wage rates are expressed either as a percent or in dollars and cents of the journeyworker's wage depending on the industry.

Example (Time-based approach) - 3 YEAR APPRENTICESHIP PROGRAM

Term	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
Hrs., Mos., Yrs.	1000 Hrs. 1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	
%	55	60	65	70	80	90

Example (Time-based approach) - 4 YEAR APPRENTICESHIP PROGRAM

Term	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Hrs., Mos., Yrs.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.
	50	55	60	65	70	75	80	90

Item 13. Identifies the individual or entity responsible for receiving complaints (Code of Federal Regulations, CFR, Title 29 part 29.7(k)).

Part C.
Item 4. Definition: The Registered Apprenticeship Partners Information Data System (RAPIDS) encrypts the apprentice's social security number and generates a unique identification number to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

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*The submission of your social security number is requested. The apprentice's social security number will only be used to verify the apprentice's periods of employment and wages for purposes of complying with the Office of Management and Budget related to common measures of the Federal job training and employment programs for measuring performance outcomes and for purposes of the Government Performance and Results Act. The Office of Apprenticeship will use wage records through the Wage Record Interchange System and needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon Act of 1931, as amended, U.S. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR 5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that you are a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of your occupational classification. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of your social security number, which is prohibited.

The collection and maintenance of the data on ETA-671, Apprentice Registration – Section II Form, is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and CFR 29 Part 29.1. The data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a.), in a system of records entitled, DOL/ETA-4, Registered Apprenticeship Partners Information Management Data System (RAPIDS) at the U.S. Department of Labor, Office of Apprenticeship,. Data may be disclosed to a State Apprenticeship Agency to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 USC 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room N-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0023.)

Program Registration and
Apprenticeship Agreement
Office of Apprenticeship

U.S. Department of Labor
Employment and Training Administration

Voluntary Disability Disclosure OMB No. 1205-0223

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at https://www.doleta.gov/OA/eeo/.

NEVADA LABOR COMMISSIONER AND THE NEVADA STATE APPRENTICESHIP COUNCIL APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP

(If required please type or print all information, attach additional apprentices on separate sheet)
(This Application is optional, for Sponsor utilizing Electronic Registration)

Sponsor Information

Sponsor:	Program #:
Address:	Contact Name:
City, State, Zip:	Phone:

Apprentice Information

Full Name of Apprentice: **(Print/type name as indicated on the ETA 671 or in RAPIDS)**
Apprentice Registration Number:
Occupation:
Term:
Registration Date:
Date of Completion:
Completion Wage:

Related Instruction Certification

Related Instruction Hours completed:
Related Instruction Furnished By:
Teacher(s) or Director(s) of Related Instruction Certifying to above information: Name: _____ Address:_____

Request for Certificate

Certify that the apprentice named in the application has satisfactorily completed and is working at the Journey worker Level of their apprenticeship program as registered with the State Apprenticeship Agency by using the completion form for the issuance of the Certificate of Completion of Apprenticeship.

Sponsor's Signature: _____ Date: _____

Type Name/Title: _____

(If required please type or print all information, attach additional apprentices on separate sheet)
(This Application is optional, for Sponsor utilizing Electronic Registration)

Authentication of Requests for Certificate of Completion of Apprenticeship

Where the Office of Apprenticeship is the Registration Agency, issuance of a Certificate of Completion of Apprenticeship to apprentices upon satisfactory completion of the requirements of the apprenticeship program as established in these Standards, the sponsor certifies to the Registration Agency and requests the awarding of a Certificate of Completion of Apprenticeship to the completing apprentice(s). Such requests are completed either electronically using the Register Apprenticeship Partner Information System (RAPIDS) or in writing using with the use of this form from the sponsor to the appropriate field office.

General Guidance

The sponsor will verify that the apprentice has completed all requirements of apprenticeship including a signed copy of transcripts from the sponsor, provider or sponsor of the related instruction. The field office representative shall have in evidence an electronic or written Application for Certification of Completion of Apprenticeship.

When a large number of apprentices are completing at the same time from the same occupation, one application form from the sponsor can be used with an attached list of pertinent information for the completing apprentices. When the sponsor has more than one occupation or more than one employer, the sponsor should complete separate forms for each occupation and employer, follow the procedure above.

The occupation identified, must be the occupation title as listed in the most current List of Officially Recognized Apprenticeable Occupations. For sponsors who use a slightly different occupational title, OA staff may use the sponsor's title as long as the officially recognized occupational title is included in parenthesis under the sponsor's occupational title. Please see attached "sample" for reference.

The term "journeyman, journeyworker, journeyperson, etc." should not be included in the occupational title. These terms are used to describe a level of competency rather than an occupational title.

In rare instances where a program sponsor may utilize such a term above in their occupational title and that terminology is consistently used within their organization and training materials, OA staff may use that terminology on the sponsor's occupational title as long as the officially recognized occupational title is listed in parenthesis under the sponsor's title. The practice of using a level of competency in the occupational title should be discouraged when possible.

The sponsor's name on the Certificate of Completion of Apprenticeship shall be as it is registered and approved in their apprenticeship standards.

The date completed shall be the date of completion as indicated on the request form.

Issuance of Replacement OA Certificate of Completion of Apprenticeship

Replacement certificate requests shall be verified with undeniable proof that an original certificate was either issued or requested by the sponsor. This shall be verified through OA's records or the program sponsor's records. In the event a field office has no proof, yet a program sponsor does, or vice versa, a copy of that proof shall be sent to the field office and included in the program folder. The term **"Replacement Certificate"** shall be printed on the certificate.

The Certificate of Completion of Apprenticeship shall not be used for any other purpose than completion of a Registered Apprenticeship program.