

## APPRENTICE /PRE-APPRENTICESHIP AGREEMENT - REGISTRATION

## APPENDIX B

**PART A: APPRENTICE/Pre-apprentice      COMPLETE 1 THROUGH 8      PLEASE PRINT CLEARLY      INSTRUCTIONS ON REVERSE SIDE**

<p><b>1. Name (FIRST, MIDDLE, LAST) *Social Security Number</b></p> <p>Street _____</p> <p>Town _____ State: _____ Zip _____</p> <p>Phone: _____ Cell: _____</p> <p>Email: _____</p>	<p><b>Questions 4 and 5 Required</b></p> <p><b>4. Veteran Status</b></p> <p><input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran</p> <p><b>5. Education Level</b></p> <p><input type="checkbox"/> 8<sup>th</sup> Grade or Less <input type="checkbox"/> 9<sup>th</sup> to 12<sup>th</sup> Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HiSET <input type="checkbox"/> High School or Greater <input type="checkbox"/> Post-secondary or Technical Training <input type="checkbox"/> Other - Explain: _____</p>	<p><b>6A, 6B and 6C (Voluntary)</b></p> <p><b>6A. Ethnic Group</b></p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic</p> <p><b>6B. Race</b></p> <p><input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p> <p><b>6C. Disability</b></p> <p><input type="checkbox"/> Individual with a disability <input type="checkbox"/> Individual without a disability</p>
<p><b>2. Date of Birth (Mo., Day, Yr.)</b></p> <p>___ - ___ - ____</p>	<p><b>3. Gender (Required)</b></p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	

<p><b>7A. Signature of Apprentice/Pre-apprentice</b> _____ <b>Date Signed</b> _____</p> <p><b>7B. Signature of Parent or guardian (if 17 years or under)</b> _____</p>	<p><b>Required</b></p> <p><b>8A.</b> Are you legally eligible to work in the U.S.?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>8B.</b> If male, are you registered with Selective Service?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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This agreement does not constitute a certification for the employment of the apprentice on federally financed or assisted construction projects. The program sponsor and apprentice/pre-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/pre-apprentice as outlined in state and federal law. This agreement may be terminated by either of the parties, citing cause(s), with notification to the Maine Apprenticeship Program. *For Pre-apprentice only: This document serves as a letter of intent between the sponsor and the pre-apprentice reflecting the intent of the sponsor to provide due and preferential treatment to the pre-apprentice in the selection process for future apprentices. The work processes listed in the standards are part of this agreement*

**PART B: SPONSOR      COMPLETE 14 THROUGH 21**

<p><b>9.</b> <b>Sunday River Resort</b> <b>PO Box 4500</b> <b>Newry, ME 04261</b></p> <p><b>Ph: 207-824-3000</b> <b>Fx: 207-824-5110</b></p>		<p><b>10A. Trade/Occupation:</b>      <b>Cook (Hotel &amp; Restaurant)</b></p> <p><b>10B. O*NET SOC:</b>      <b>35-2014.00</b></p> <p><b>10C. NAICS CODE:</b>      <b>722511</b></p>			
<p><b>14. Apprentice Start Date:</b> _____</p>	<p><b>15A. Credit for Prior Classroom Training in hours:</b> _____</p>	<p><b>11. Ratio JP - AP</b> <b>1:1</b></p>	<p><b>12. Term Hrs.</b> <b>4000</b></p>	<p><b>13. Probationary Period</b> <b>500</b></p>	<p><b>15B. Credit for prior On The Job Learning in hours:</b> _____</p>

<p><b>16. % Related Instruction Paid By Sponsor:</b> %</p>	<p><b>17. Related Instruction Provider(s):</b> CTE schools, SMCC and AGC <b>Central Maine Community College (CMCC)</b></p>
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<b>18A. Pre-Apprenticeship \$11.00</b>	<b>18B. Apprentice's starting hourly wage \$11.00</b>	<b>18C. Journeyworker's Hourly Wage \$14.00</b>							
Period 1	2	3	4	5	6	7	8	9	10
<b>18D. Term in Hours</b>	1000	1000	1000	1000					
<b>18E. % JW Rate</b>	79%	82%	86%	93%					
<b>18F. \$ Rate per hour</b>	11.00	11.50	12.00	13.00					

<p><b>19. Printed Name of Sponsor Representative</b>      Title</p> <p><b>Cathy Witherspoon – Senior Vice President HR</b></p>	<p><b>21. Contact Information Sponsor Designee</b></p> <p><b>Cathy Witherspoon – Senior Vice President HR</b> <b>(O) 207-237-6947      (C) 207-807-3153</b> <b>cwitherspoon@boyneresorts.com</b></p>
<p><b>20. Signature of Sponsor</b> _____      <b>Date Signed</b> _____</p>	

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

<p><b>Maine Apprenticeship Program    Maine Department of Labor</b> <b>State House Station 55, Augusta, ME 04333-0055</b> <b>PH: 207-623-7966      TTY USERS: MAINE RELAY 711</b></p>	<p><b>22. Signature (Registration Agency)</b> _____</p>	<p><b>23. Date Registered</b> _____</p>
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<p><b>24. Apprentice Identification Number:</b> _____</p>	<p>Program use only:    EXCEL _____    RAPIDS _____    Welcome Packet _____</p>
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**MAINE APPRENTICESHIP PROGRAM - APPRENTICE AGREEMENT INSTRUCTIONS**

**Item 6A.** Definitions: 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 6B.** Definitions: 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.

**Wage Instructions:**

- 18A.** Pre-Apprentice hourly wage, sponsor enters the individual's hourly wage in the quarter prior to becoming an apprentice.
- 18B.** Apprentice's entry hourly wage, (hourly dollar amount paid), sponsor enters this apprentice's entry hourly wage. 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 18E of this agreement.
- 18C.** Journeyworker's wage, sponsor enters wage per hour.
- 18D.** Term, sponsor enters in each box the apprentice schedule of pay for each advancement period. 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 on-the-job learning and the related instructions outlined in the Apprenticeship Standards. The period may be expressed in hours, months, or years.
- 18E.** Percent Journeyworker's rate.
- 18F.** Actual dollar amount of wage

**Example - 3 YEAR APPRENTICESHIP PROGRAM**

<b><u>Term</u></b>	<b><u>Period 1</u></b>	<b><u>Period 2</u></b>	<b><u>Period 3</u></b>	<b><u>Period 4</u></b>	<b><u>Period 5</u></b>	<b><u>Period 6</u></b>
hrs., mos., yrs.	1000 hrs.	1000 hrs.	1000 hrs.	1000 hrs.	1000 hrs.	1000 hrs.
%	55	60	65	70	80	90

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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 Program Assessment Rating Tool (2005) of 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 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, Employment Standards Administration, 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.

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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, Apprenticeship Information Management System (AIMS), which is now known as (RAPIDS) at the Office of Apprenticeship, U.S. Department of Labor. Data may be disclosed to a State Apprenticeship Council to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

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# MAINE APPRENTICESHIP PROGRAM



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## Voluntary Disability Disclosure

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Apprentice Name: \_\_\_\_\_

Sponsoring Employer: \_\_\_\_\_

Date: \_\_\_\_\_

### **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

### **Why are you being asked to complete this form?**

Because your employer is a sponsor of a registered apprenticeship program and participates in the Maine Apprenticeship Program 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. 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 each 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: learning disabilities, blindness, deaf and hard of hearing, 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, and intellectual disability.