

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

The registration and recordkeeping for apprentices, along with any evaluations (one year or otherwise), will be the sole responsibility of the:

- ☐ Program Sponsor
☐ Employer (Requires New DAS File #) _____

EMPLOYER AGREEMENT

Name of Program Sponsor		DAS File No.	
Name of Employer		Contact Name	
Employer Address - Street Address, City & Zip Code		Telephone No.	
Mailing Address If different from Employer Address above - Street Address, City & Zip Code			
Occupation Name(s)		O*Net Code(s)	
A C T I O N	<input type="checkbox"/> New Employer Subscription Agreement	<input type="checkbox"/> Revision of Selection Procedures	
	<input type="checkbox"/> Revision of Work Processes	<input type="checkbox"/> Revision of Wages	
	<input type="checkbox"/> Revision of Related Instruction	<input type="checkbox"/> Revision of Other Compensation	
	Effective Date of Action:		
<p>The undersigned employer will follow the work processes, competencies and/or certifications, along with the probationary period, RSI and wages outlined in the Apprenticeship Standards, unless indicated otherwise below. All adjustments shall be detailed and attached to this agreement.</p> <p> <input type="checkbox"/> Standards will be followed as written <input type="checkbox"/> Standards will be followed as written, except for the following (or attached): <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> Work processes / Competencies / Certifications <input type="checkbox"/> Probationary Period <input type="checkbox"/> New Probationary Period (months) <input type="checkbox"/> Related & Supplemental Instruction (RSI) <input type="checkbox"/> Wage and Advancement Schedules (see below) </div> </p>			
Present Journeyman Wage \$ _____ Per		Effective Date of Journeyman Wage _____	
Apprentice or Trainee Wage Scale (indicate amount of time [hours, weeks or months], competencies and/or certifications and dollar amount.)			
1st Per.	_____	5th Per.	_____
2nd Per.	_____	6th Per.	_____
3rd Per.	_____	7th Per.	_____
4th per.	_____	8th Per.	_____
Overtime Provisions:			
Straight Time Hours <input type="text" value="8"/> Per Day <input type="text" value="40"/> Per Week Other Compensation A. Health & Welfare B. Pension C. Vacation D. Apprentice Funds E. Other Total \$		I would like to be considered as an employer representative on the apprenticeship committee. <input type="checkbox"/> Yes <input type="checkbox"/> No	
The undersigned Employer hereby subscribes to the provisions of and adopts these Apprenticeship Standards formulated by the Program Sponsor. The Employer agrees to carry out the intent and purpose of said standards and to abide by the rules and decisions of the Program Sponsor established under these Apprenticeship Standards. The Employer affirms they have been furnished a true copy of the Standards, have read and understood the Standards, and do hereby request registration/certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the Employer or Program Sponsor. On-the-job, the Apprentice is hereby guaranteed assignment to a skilled and competent Mentor and is guaranteed that the work assigned to the Apprentice will be rotated so as to ensure training in all phases of work.			
Signature - Subscribing Employer		Signature - Union (if applicable)	
Date		Date	
CERTIFIED AS CORRECT:			
Signature - Apprenticeship Consultant		Signature - Committee Chair or Program Administrator	
Date		Date	

These Revisions are hereby made a part of and supersede provisions of Standards previously approved.

Approved for/by - Chief, Division of Apprenticeship Standards (Chief's signature required for all new file numbers)	Date Approved
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