



State of Rhode Island
APPRENTICESHIP COUNCIL
RI Department of Labor and Training
Apprenticeship Council
1511 Pontiac Avenue #70, PO Box 20247
Cranston RI 02920-0943

INFORMATIONAL DATA

1. Name of Company: _____

2. Address: _____
Street City Zip Phone

3. Present number of Employees: _____

4. Products made or services rendered: _____

5. Trade/s in which training is to be given: _____

6. Term of Apprenticeship: _____

7. Number of skilled mechanics (Journey workers) now employed in the trade: _____

8. Potential number of apprentices: _____

9. Wage rate of skilled mechanics: Per hour: _____ Per week _____

10. Approximate starting rate to be paid apprentices:
Per hour _____ Per week _____ Premium rate: _____

11. Hours of work: Per day: _____ Per week: _____

12. Rate to be paid upon completion of Apprenticeship: _____

13. Do you have a bargaining agreement with your employees? Yes No
If so, give name and number of employee organization: _____

14. Have you Veterans now employed who desire Apprenticeship? _____

15. Have you adequate equipment and type of work and personnel to train in all the required skills of the trade? Yes No Explain _____

16. Apprentices shall be required to attend classes of related instruction for approximately 150 hours each year of apprenticeship.

17. Related instruction will take place: _____

Apprentices Qualification:

Age: _____

Education: _____

Supervisor of Apprentices: _____

Licenses: _____

If the Union is Involved

FOR THE UNION:

FOR THE COMPANY:

Union: _____

Company: _____

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Approved for: _____ Apprentice/s

ssn # _____

Term: _____

Date: _____

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Field Representative